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Clipping from
American Medicine
Aug. 31st 1901
P. 349

...were no unpleasant sequels, except slight headache. [H.H.C.]

4.—White, in his article on the **physiologic action of petroleum**, gives the following summary: It is (1) inhibitory to the growth of putrefactive and pathogenic bacteria, such as are met in the alimentary canal, while it does not inhibit or interfere with peptic or pancreatic digestion; (2) and therefore is an agent for relieving flatulence by preventing fermentation; in fact it acts the part of an internal antiseptic; (3) by its action in stimulating peristalsis, increasing diffusibility of intestinal contents, it not only increases nutrition and weight, but helps the natural movement of the bowels, by its lubricating power relieves constipation, and favors the elimination of noxious and toxic products from the system. As to its weight increasing action he states that the weight gained under its influence is much greater in proportion than it or any other oil could afford, even if digested and absorbed, and that petroleum is perfectly incombinable chemically, and indigestible, but the result of the experiments in this direction at once shows that though this be the case, yet when the emulsion is mixed with digested food material, the effect is very different. [H.H.C.]

5.—Robinson, in his article on the treatment of ...nitis, suggests the follow...

1. U...
2. U...
3. U...
4. A...
5. V...
6. T...
7. P...
8. ...
9. ...

Angiers Petroleum Emulsion
with Hypophosphites
was used by Prof. White in
making these research Experiments
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THE ALABAMA
MEDICAL JOURNAL.

VOL. 14. DECEMBER, 1901. NO. 1

Original Communications.

PRESIDENT'S ADDRESS—MEDICAL MAN AND HIS EDUCATION.*

By M. C. McGANON, M. D.,

NASHVILLE, TENN.

Gentlemen of the Tri-State Medical Society of Alabama, Georgia and Tennessee:

Permit me to thank you for the honor you conferred upon me one year ago today at Chattanooga, when you elected me to fill the President's chair. It was the highest honor you could bestow; an honor any man might esteem, and one that I appreciate to the fullest.

It gives me great pleasure indeed, to preside over such a large and enthusiastic meeting, and to welcome you to Tennessee's Capitol City. I regret that I cannot take to myself some of the credit for the success of this meeting. Though heart and soul with the gentlemen who have been untiring in their efforts to arrange this gathering, so that it might enrich every member, who by his presence lent to its importance, still my absence in Europe prevented me from taking the active part I so much desired in its organization. I now wish to thank your secretary and the various committees for their unselfish and undiminished efforts in making this meeting what it is, and what it should be; a center from which much fresh medical thought and learning shall flow. This brings me to the subject to which I desire to invite your attention: The Medical Man and his Education.

The subject is so vast that any attempt to cover it would require

*Delivered before the Tri-State Medical Society of Alabama, Georgia and Tennessee, October 8, 1901.

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more time than I have at my disposal. It is not my intention to weary you with a long dissertation upon the topic, but rather to sketch a brief outline, touching upon its salient points and presenting for your consideration a few thoughts upon the advancement of scientific medicine in this country.

It is generally conceded, hence it will requre no proofs at my hands, that the medical profession in this country is very much over crowded. I have always thought that in large cities one doctor for every one thousand of the population would be such a proportion as the ills of humanity would require, and that with such a proportion the doctors would be able to maintain themselves in a style befitting their profession.

Formerly this was about the ratio of medical men to the inhabitants of this country, but that condition has changed, and now in the larger cities of the United States the ratio of physicians and surgeons to the population is about 1 to 300. It is almost needless to say that no medical man who is compelled to rely upon a population of 300 souls for his clientele, can support himself and his family and give them the comforts and surroundings that should and must be theirs, if the medical man occupies his proper social position; such a position as he is entitled to by his education and professional attainments.

But the medical field is not the only one that is thoroughly cultivated. The bar and the church have no vacancies; there are quite as many ministers without churches, and barristers without briefs, as there are doctors without patients. But the congestion does not stop here; it is in the factory, the bakery, the store, the market, upon the road and the farm. Man is a social animal, and hence tends to congregate in masses. The townsman rushes to the city, the villager flees to the town, the countryman leaves the farm for the village, and all seek a simple road to ease and luxury. Each thinks the occupation of the other as possessing superior charms that their own lacks. They know the dark side of their own lives and see but the bright side in that of their neighbors.

In this mad scramble for the soft places, there is but little thought on the part of individuals, as to their fitness for the work they undertake, hence the failures that confront us on every hand. Each seeks that which seems to him the most alluring; not always that for which nature has endowed him.

The medical field has probably more attractions for young men seeking to solve the problem of their life's vocation than any other profession or vocation, because they have from earliest infancy been educated to look upon the family physician as an individual to be admired and trusted, a family friend, counselor and succor in time of need. It is to

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be regretted that parents and guardians do not take more serious and business like part in guiding young men in the choice of a life time's labor.

Too often caprice or prejudice, or a mistaken notion of the ease or the emoluments to be found in the physicians occupation, lead people to the study of medicine. Physical and mental fitness of the individual is not always sufficiently considered. Medical teachers and law makers have recognized this deplorable condition and have tried to remedy it by making more or less stringent regulations governing the entrance upon the study of medicine. Once a man starts on a medical course he will succeed in winning his diploma, though his whole after life may be a failure, so that the time to guide a man to the proper path is when he first starts out on his life's journey.

The general public, even though it prefers being humbugged in its medicine and religion, soon learns to respect a self-respecting, dignified individual or collection of individuals and almost invariably places persons in their proper positions. It follows then, that the medical profession does and will command the public repect and confidence only in that proportion to which it is entitled. If this be true, and I think no one will gainsay it, then it behooves us as medical men who have the welfare of the science of medicine at heart, as citizens who desire to see the health of the nation's power in competent hands, to learn what are the individual characteristics that will most tend to make the ideal physician and having ascertained that, to encourage in its study only those possessing these qualities.

The profession of medicine is not one in which there are great money prizes to be drawn; it is not one in which ease of life can be had, hence those whose god is money or whose desire is peace and plenty, or laziness and luxury should not enter the medical field. It is these who degrade the profession; prostitute their high calling; lend their names and degrees to this and that legalized fraud, which with blare of trumpet and lime light flash, proclaims itself in every city in our land; who for a consideration endorse the Mysterious Magical Minister of A. A. A. B. B. B. or C. C. C. or other conscienceless coin collectors, advertised—for a time at least—to the medical profession only.

That wolf, want, compels some men into doubtful paths; others follow the broad and unholy way, because they are too weak to plod the more narrow and difficult one. At least some men of honorable years and exalted standing in the medical profession are indirectly responsible for the failure of some of the younger men. By long experience, by constant study and in many cases by brilliancy of intellect, these older practitioners have reached a plane to which the younger man

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can only aspire. Their opinions are of great weight and their services are of inestimable value. They would consider it little less than an insult, and justly so, were any one to place the same value upon their expressed opinions as upon those of a recent graduate; yet are their fees always greater? do they always make those who are able to pay, do so? For a certainty they do not. In many instances the charges for services made by these men who are high in the ranks of the profession are ridiculously small. In not a few cases bills are never rendered, and patients are allowed to pay what they choose.

Now it may be said that this is quite the legitimate privilege of every practitioner, and I am ready to admt its legality, but all legitimate acts are not honest ones. I contend, an eminent practitioner is not serving the best interests of himself or his profession and is not just to his younger confreres when he either donates his services to a wealthy public or when he places his scale of fees on the same or a lower level than that commonly charged by the younger and less experienced men.

What chances have these younger men in competition with those of ripe experience and long residence in a community? Practically none. They must simply wait and hope until a kind providence or overwork removes the competing member.

Another thoughtless practice is a source of loss in fees to the medical profession. It is that of sending patients well able to pay, away from home to some clinic for special work, where they may be treated for little or nothing, or of sending them to a specialist, with a letter asking for a reduction from the usual fee. If patients are unable to pay, it is quite proper to do both of these things; but when a patient is able to pay, such a course acts like a two edged sword; it cuts the specialist out of his legitimate fee, and it strikes deep into the respect held by the community for the home physician.

The fees received by the medical profession for their services are small at best, if they are measured by the years of study necessary; by anxieties entailed and by the responsibilities assumed in the work. If all doctors insisted upon being paid fair fees for their work, by those able to pay, and if the men of years and ripe experience set the example in this regard, there would be less downright poverty in our ranks and fewer of those, wishing to do right, would be compelled by toiling wife and hungry babe to do that of which they are ashamed, that the one may eat and the other rest.

How far the medical profession as a body, including its colleges and teachers, is responsible for these abuses which are so potent to lower the political and social standing of the profession of medicine

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it would be difficult to state; but that it is responsible in a large degree by its sins of omission, cannot be for a moment doubted.

Preceptors and medical practitioners as a rule take no steps to discourage from entering upon the study of medicine prospective students who are unfitted to adorn its ranks; while too often medical schools and medical teachers in their laudable efforts to secure pupils to whom they may impart a knowledge of the healing art, look too lightly to the qualifications essential to success and honor in the practice of medicine.

One of the essentials for matriculation in all medical schools is a good preliminary education. At first thought, one would think that this rule would never be broken; but that the literary attainment required by the laws of the medical college associations are not always possessed by those admitted by our medical colleges is beyond a doubt proven, again and again, by the answers given at State Board examinations and in the written applications for public positions.

The Medical Calendars of the last few years, almost in every instance show a lengthening of the courses of study and an increase in the number of subjects taught. Everywhere is evidence of a demand for greater proficiency in the medical graduate; but is there any proof that the colleges are requiring more from the intended medical student? I think not. As a matter of fact, there is rather a lessening in the excellence of literary qualifications demanded for matriculation. It is often stated that some of the great men of the profession have had but meager advantages in their early years; in short have had but little if any preliminary education. This is no doubt true; but let me ask what might not those geniuses have attained, had they been possessed at the outset with a good literary training.

Then again the argument loses force in the present crowded state of the profession. We do not lack for ability in our ranks and we would not be injured by being deprived of those exceptional bright minds, which though without early education, possess sufficient power to master the subject of medicine and adorn it in practice. Nor do I think by rejecting them, we would be doing them an injustice, since individuals so endowed would do equally well if not better in some walk of life where literary attainments are less essential.

In this age the public demands, appreciates and respects only the best, and it is clearly our duty as far as it is in our power to see that the public gets what it desires and at the same time, to protect legitimate scientific medicine and to place its practitioners upon the high plane they should occupy.

Having done our best to see that desirable men only are encouraged

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to enter upon the study of medicine, we can safely leave it to the med ical schools of this country to give them a solid foundation for a grand superstructure; the upbuilding of which will require a life time of constant toil. It is true we have a great number, probably too many reputable medical schools in this country; still they are all doing good work and I may safely defy the unprejudiced hand to point the finger of scorn at any of them. Each and every one can boast of the high honors that have been from time to time conferred upon its graduates by a keen, criticizing public, thus demonstrating the efficiency of the teaching work done in the institutions.

Medicine has made such gigantic strides in the last few years that the medical schools in order to properly convey to their student this enormous accumulation of knowledge, have from time to time been obliged to increase the number and length of their sessions. There are those amongst us, whose honored names are now medical household words in every land, who in their student days found two sessions of six months each, sufficient to master the rudiments of medicine as then taught. They have seen the science of medicine gradually grow to its present proportions and they are amongst the foremost in urging not only an increase in the number of sessions, but also the lengthening of courses from six to eight months each. They have seen the sessions increase from two to four and the end is not yet. I predict that within a few years, all schools will follow the example at present set by a few, and make their courses eight months instead of six; and I would not be surprised to see another session added, so that the best American Medical Schools will have five sessions of eight months each instead of four of six months each. This may seem extreme, but what does the extra session amount to in the end; a few more dollars and a few more months in the beginning of the course of study, that should continue without ceasing for a life time. This extra preparation is being demanded before attempting practical application of the knowledge acquired. Will this be an injury or a hardship? A temporary hardship it may be, but an injury, no.

The public, whose lives are in our hands, will be greatly benefited by the results of this extra training, and the medical man will be better able to make an unqualified success of his life's work.

School training but teaches a man how to study. His whole life must be one constant round of mental work, and the highest attainment is achieved only by those who early recognize this fact and keep it constantly before them. A man's daiy work is his school, but he has no guiding masters. The problems that confront him he must work out alone, by perseverence, patience, deep thought and study, and even then, their solution is not always satisfactory.

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In the past, medical men laboring under their burdens, sought to lighten them by calling together a number of their brethren and by laying before them a history of their most puzzling cases that by coun sel and discussion, the doubtful points might be removed, and the uncertain diagnosis made certain. Medical societies thus had their origin. Born of necessity, nurtured by a strong honest profession, these gatherings have become powerful organizations in which the medical thought of the world is crystalized, and then in its perfect form given back to the world. They have become great Post Graduate schools to which all are freely invited to come without cost and not only acquire the latest and most advanced work in the profession, but to assist in the elucidation of doubtful points in connection with the subjects brought up for discussion.

Every man owes it to his profession, to his clients and to himself to acquire and to impart knowledge. Already the every watchful public are recognizing the importance of medical societies as centers of education, and are employing by preference the progressive men who are constant attendants at these gatherings.

Attendance upon a medical society, however, is not enough; each member owes something to the society of which he is a member in order that the best results may be obtained. He should attend its meetings, he should volunteer and prepare papers, he should make careful preparation to enter into the discussions upon the various subjects that are announced to engage the attention of the society, and he should so deport himself during the meeting that those with whom he is associated shall feel that they have been pleased and honored by his attendance; and just here let me say a word about discussion: Too often valuable time is wasted by vain repetition of points brought out by the essayist and by tiresome reports of cases differing in no way from those mentioned in the essay. Just praise of a good paper is not only commendable, but is due; on the other hand, a discussion begun by the statement that the essayist has quite covered the ground when the next sentence proves that the speaker does not believe that he has done so, is unnecessary to say the least of it. Questions to clear up obscure points, honest differences of opinion expressed firmly, reports of cases that bear upon the subject in hand, especially if such tend to make plain a doubtful phase, are the points most valuable in a discussion. Facts thus elucidated and knowledge thus obtained, sinks deeper into the brain and remains ever ready for practical application.

A man goes home after attendence upon society meetings refreshed in mind and body, ready to take up the daily routine of ministering

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to the sick and afflicted and labors more zealously than before in their behalf. He carries with him a firmer resolution to devote more time to his books and his journals than was his former habit. He feels more keenly the necessity of constant study in order to keep in touch with the rapid advancement the science of medicine is making at the present time.

Imbued with a deep sense of the importance of the science of medicine to the body politic and with the necessity of constant study on the part of medical men that they may give to the public the best that medicine has to offer, they will impress upon those about them the value of the healing art and thus aid in placing scientific medicine upon its proper plane in the public mind. Once this is done, the public will protect itself by social expression and legal enactment against the debasing tyranny of Charlantism. Educated by educated physicians, the legislatures of many of our states, have already thrown these safeguards about the public health, and I have no doubt but the time is not far distant when all will do so.

During the last few months I have had an opportunity of observing medical work and medical teaching abroad. I cannot speak in terms too laudatory of the courtesies I received or of the work that I saw, but I assure you gentlemen that it is not better than our own and that I came home with a feeling in my heart of pride, because of American medical men and American medical teaching.

BRAIN SOFTENING.

By MICHAEL CAMPBELL, M. D.,

KNOXVILLE, TENN.,

Superintendent Eastern Asylum for Insane.

It is not my purpose to treat exhaustively the subject of brain softening, as it would far exceed the limits of an article proper to be read on this occasion, but to describe briefly the ordinary development of the disease, and give an account of a case that recently came to me for treatment, and which illustrated one of its rarer forms. As most cases of brain softening are caused by occlusion of its blood vessels, I shall very briefly call your attention to the cerebral circulation.

The brain receives its large supply of blood from the vertebral and internal carotic arteries, which form, by their divisions, the cerebral and cerebella arteries. The sub-divisions of these last named vessels,

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besides supplying the ventricles, ramify in the pia mater. This membrane is thrown over the brain like a net, dipping down into the sulci of the convolutions, and sending blood vessels to the white matter of the interior, both from below upwards and from above downward.

The gray matter, both of the cortex and basal ganglia, because of its greater functional activity, is more abundantly supplied with blood than the white. Softening of nerve tissue consists in, and is due to the breaking up of the elements, the resulting particles become saturated with serum, so that a soft pulp replaces the original firm tissue. This is the characteristic effect of inflammation, most often seen in the focal inflammation following hemorrhage of the brain. Formerly all softening was thought to be the result of inflammation, but it is now known that in the majority of cases, it is caused by the occlusion of an artery, vein or sinus, cutting off the blood supply from the part beyond the place of obstruction. These obstructions are caused either by an embolism, or thrombus. An embolism may be described as a plug in an artery of the brain, which has come from a distance, usual ly from the heart, and is an evidence of disease elsewhere than in the brain, while a thrombus is the effect of local disease of an artery in the brain, by which its caliber is narrowed or its intima roughened, so as to cause coagulation of the blood. The chief causes of these changes in the inner coat of an artery that causes thrombus are atheroma and syphilis. The source of a plug in embolism may be anywhere between the lungs and the brain: detached material from a pulmonary abscess may come through the pulmonary veins to the side of the heart, and from there find its way to the brain. Or it may be the result of an endocarditis, ulcerative or rheumatic. In these cases, Gowers says that there are frequently vegetations on the valves which may become detached, and thus washed into the blood current. Softening is divided into three classes, red, yellow and white. Red softening is found generally in parts where the blood vessels are most numerous, in the cortex and ganglia. Yellow softening comes from red softening by degenerative changes. White softening does not differ from the color of white matter of the brain where it is found. It is consistence variable, sometimes diffluent, but more frequently like firm ice cream. The most frequent seats of softening are the cortex, corpus striatum and optic thalamus, but any portion of the brain may suffer. Changes occur very rapidly after the occlusion of an artery. In one of my autopsies forty-eight hours after the attack, a large area of softening was found, the result of an embolus. The symptoms were those of an apoplectic stroke, with hemiplegia. The hemiplegia was

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with difficulty, made out, owing to the prostration and unconsciousness of the patient.

When we consider the causes of the occlusion of the cerebral arteries, and remember how large a proportion of the human race suffers from endocarditis, syphilis and atheroma, the statement that softening is one of the most common of brain diseases, is not surprising. Neurologists generally hold that it is more common even than hemorrhage. The symptoms of cerebral softening in the majority of cases, resemble strongly those of hemorrhage, and diagnosis of softening is made rather from general considerations, than the immediate symptoms at the time of the attack. Hemorrhage is improbably in a patient under forty years of age. If, in addition, there is a history of heart trouble or syphilis, the symptoms point strongly to softening, and the diagnosis may be made with reasonable certainty; the greatest difficulty is encountered in patients past middle life, for the greater probability of hemorrhage at that age is accompanied by atheroma and arterio sclerosis, which are causes of softening, given a case with full bounding pulse and flushed face, hemorrhage is indicated. Rather than softening, notwithstanding evidences of arterial degeneration, deep coma is also more characteristic of hemorrhage. Unfortunately, profuse hemorrhage causes pallor and feeble pulse and in some cases of apoplexy in the aged, the most expert diagnosticians can only be sure of the lesion after an autopsy, notwithstanding the difficulties of diagnosis in some cases of necrotic softening, no pains should be spared to arrive at the true nature of the lesion as the initial treatment of softening differs radically from that of hemorrhage. In hemorrhage the indication is to lower the blood pressure, to quiet the action of the heart, and thus favor coagulation, while in softening coagulation is the foe to be dreaded, and is best combated by sustaining the action of the heart, with digitalis and strophanthus. The above, briefly described forms of brain softening, is applicable to the ordinary development of the disease, and does not include certain rarer cases that have a different symptomatology, one of which recently fell under my notice.

There was brought on July 31, 1901, to the Eastern Hospital for the Insane, near Knoxville, Tenn., Mr. M. L., aged twenty-nine. He had a history of syphilitic infection six years before his admission, and had gone to Hot Springs, Arkansas, for treatment. He was in charge of my colleague, Dr. S. R. Miller, during the fall of 1900, when nervous symptoms developed. He complained of severe pain at the base of the skull, and the head was abnormally sensitive to percussion. He also suffered with deep-seated pain apparently in the center of the

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cerebrum. His suffering was worse at night, when he would continually walk the floor. Later, mental symptoms developed, and he was sent to the East Tennessee Hospital for the Insane, where, as above stated, the patient arrived on July 31, 1901. He had beeen treated by Dr. Miller with both mercury and iodide of potassium, and had improved, the result of the treatment was to relieve him from the severe pains in the head. Examination at the time of his reception showed marked dementia, and while there was no paralysis, there was a spastic condition of the muscles like that found in advanced cases of paralysis agitans, and he had the propulsive gait characteristic of that disease. On Aug. 6th he gradually lost the use of himself, and became unconscious, but there was no complete paralysis, but rather a more pronounced spastic condition. His temperature ranged from 103 degrees to 105 degrees. He lingered in this condition until Aug. 10th, when he died. Autopsy twenty-four hours after death. The dura was strongly adherent to the base of the skull, with other evidences of former pachy-meningitis. A minute examination could not be made of the blood vessels as the pia as well as the brain substance was torn when they were taken from the calvarium. While making thin horizontal sections of the right hemisphere at the distance of one-half inch from the superior surface of the middle lobe, the knife passed into several lacunae, entirely empty from the size of an average to a large broom straw, they penetrated an inch or more down toward the basal ganglia. In the centrum ovale, half way between the cortex and the corpus striatum, an area of softening was found, one inch deep, and into which the middle finger could be thrust. Other portions of the brain substance to the naked eye were apparently normal. Microscopic sections were not made. The early nervous symptoms in this case: severe nocturnal headache, etc., were evidently due to the pachymeningitis of syphilitic origin. The lucanae, an area of softening, were caused by syphilitic occlusion of the long arteries that penetrate downwards and inwards from the lateral and superior surfaces of the cortex for the nourishment of the white substance of the brain. These arteries do not anastomose with any others, but their occlusion necessarily results in necrosis of the parts that they supply with blood. The history of this case teaches that the physician should be cautious in giving a favorable prognosis in nervous disease due to syphilis, for while it is true that many severe paralyses caused by syphilitic inflammation and gummata respond brilliantly to anti-syphilitic treatment, the probability of incurable necrosis should not be lost sight of.

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AN OPERATION FOR TUBAL PREGNANCY, COMPLICATED WITH APPENDICITIS AND FIBROID TUMORS OF UTERUS.

By PUGH ULPIAN BROWN, M. D.,

TROY, ALA.

Gentlemen of the Tri-State Medical Society: This anomalous form of gestation has been recognized by the medical profession for the past three or four centuries, but only regarded as a post mortem curio; with no suggestion as to its etiology, pathology or treatment. During the past twenty years, however, the subject of extra-uterine pregnancy has excited much discussion and many valuable articles have been written concerning its etiology, pathology and surgical treatment. In spite of all the able discussions on the subject, there seems to be no consensus of opinion amongst the profession and tht cause is still a subject of speculation. On the other hand the surgical treatment has made rapid strides and the operation has about reached perfection. So that at this time with due regard to asepsis and antisepsis it is not fraught with the danger that it formerly was and many lives are saved by it. The case under discussion is that of a mulatto, thirty years of age, who began to menstruate at the age of fourteen. She gave a history of two miscarriages, the last one about eight years ago. But had never borne a child to term. She had a profuse metro-staxis since February first, and was wasting some at this time, June 17th. Patient was markedly anaemic. She was suffering at this time with nausea and vomiting, a muco-sanguinous diarrhoea, rectal tenesmus, together with colickey pains over the abdomen. She also complained of dyhuria and frequent micturition. Temperature was 102 degrees, pulse 110, conjunctavae icteric. Inspection of abdomen in recumbent position showed an enlargement, which was symmetrical. On palpation a firm tumor was felt assuming the longitudinal position of uterus with its bulk lying to the right of median line. Bimanual examination revealed a tumor anterior and right lateral to uterus, os pushed downward, and a distinct sulcus between tumor and uterus. The os was only slightly enlarged and no marked softening of the same. Combining the history of the case and the examination, there was nothing typical of an estopic gestation. Patient was given a mixture of epsom salts and paregoric for the mucous diarrhoea, ordered a regular diet, no positive diagnosis was made. Assisted by Dr. J. S. Beard, I operated on her two days later. Having observed all the details of aseptic and antiseptic technique, patient's body having been given a green soap bath, in its entirety, for two successive days, abdomen scrubbed, pubes shaved, and vagina irrigated and scrubbed, a free

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incision was made in the median line, between umbilicus and pubes. When the abdomen was opened, a large dark mass the size of an adult head came out into view. The uterus was crowded backward. The mass sprang from left tube, and broad ligament was reflected over fundus of uterus and lay anterior and right lateral to it, and was adherent to uterus. It also crowded bladder under symphysis pubes and was adherent to same. There were numerous other adhesions, to anterior abdominal wall, pelvic wall and intestines. While freeing the sack of its adhesion to neighboring structures, the coecum and appendix were found adherent to sac, and the appendix enlarged and diseased, it was left alone until the sac was disposed of. The sac was brought to abdominal wound, incised and emptied of its contents, the products of an ectopic gestation, blood clots and a placentia partially attached to superior border of tube. A foetus, five inches in length lay between the folds of broad ligament. During the removal of sac contents, hemorrhages were free, this was controlled by clasping the broad ligament with pedicle, forceps both of uterine and pelvic side. The ovary and tube were then removed, and the broad ligamnt stump ligated at successive intervals. The pregnancy was primarily a tubal one; secondarily a tubo-ligamentous one, rupture between folds of broad ligament having occurred in early weeks of pregnancy foetus surviving the rupture continued to grow. The abdominal cavity was irrigated with hot normal solution of salt, the space between broad ligament cleansed of all shredy tissue, and the superior and inferior folds of the broad ligament brought together by continuous suture of catgut. The abdominal wound was then held open by means of retractors. The appendix walled off from rest of peritoneal cavity with sterile gauze pads, freed from all adhesions, its mesentary tied at short intervals and cut away from it. A circular incision was made through peritoneal covering, and reflected in the form of a cuff, the denuded portion of organ was then tied with silk ligature and cut away and the cuff of peritoneum stitched over stump with catgut. An examination was made then of the uterus and right ovary and tube. Two intramural fibroids were found situated in the anterior surface of body of uterus. As they were of a medium size, myomectomy was performed. Cervix was thoroughly dilated with Wylie dilator to insure drainage, uterine cavity curetted and an iodoform gauze drain carried well up to fundus and left in situ. The uterus was lifted to abdominal opening, an incision made in uterine substance directly over tumors large enough to allow of their enucleation. The tumor cavities were then closed with deep continuous sutures of catgut and the peritoneal covering was brought together at margin of wounds with a continuous

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Lember suture of catgut. The ovary and tube was examined, a few adhesions broken up, as there was no evidence of disease it was left unmolested. Abdominal cavity was irrigated again, sponged out and wound closed by continuous suture of catgut, bringing together the peritoneum, muscular layers brought together by continuous catgut suture, avoiding subperitoneal fat, and a third layer of interrupted silk sutures approximating skin and cellular tissue. Patient suffered some shock after operation, was given a high enemata of normal salt solution, strychnine and whisky hypodermatically, and heat applied to extremities. She suffered some from nausea, pain was allayed by morphine hypodermically the first day and then discontinued.

Second day she was given calomel, one half grain was given every hour until five grains was given. This was followed by saline cathartic and high enemata; bowels moved on second day, in the evening; temperature dropped from 103 degrees to 101 degrees. (I will state that temperature was 102 degrees on morning before operation). Bowels were kept open by saline cathartic and enematas after the initial movement, whenever it was deemed necessary to make them move. Food was withheld for two days. Packing was removed from uterus on third day. A sanguinous discharge continued for ten days with no odor. Patient was given a vaginal douche each day of a lysol solution. Abdominal sutures were removed on twelfth day, wound had united primarily. Temperature fell to normal after the fourth day. There was no tympanities in fact nothing indicative of sepsis during her convalescence. She was given solid food at the end of the fifth week, she was fitted with an abdominal supporter, and allowed to get up at the end of sixth week. It has been three months since operation; patient seems perfectly well, has gained in flesh, menstruated in August and September, the discharge was normal and she suffered no pain. She has been engaged in farm work since September 1st.

A CASE OF CHOREA.*

By F. B. Sloan, M. D.,

COWAN, TENN.

L. S., a girl nine years old; saw her Sept. 21, 1899. Found her with no appetite at all. Listless. Did not want to move about or take any part in play. She would go to school, but only to please her parents. She complained of her stomach and bowels being sore. Was inclined to constipation and was very nervous. She was a very bright child

*Read before the Tri-State Medical Society of Alabama, Georgia, and Tennessee.

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and had been closely confined at school, not even allowed to rest during vacation, but had a private teacher to come and attend to her music, in which she was quite proficient. I learned that in June previous she had had an attack of fever which the doctor pronounced malarial and that her only complaint was of her stomach and bowels, being sore, and that from that time she had not felt well. I could see nothing in the case but nervous prostration and ordered her stopped from school and all mental work, and put her on an active tonic treatment. There being no improvement, I saw her again Oct. 1st and found all her symptoms worse. By Oct. 8th she had developed a very active chorea. When I saw her in consultation with Dr. H. Berlin, who then had charge of the case. On Oct. 25th Drs. J. B. Cowan, Duncan, Holtzclaw and H. Berlin saw her together and a majority of them gave a most unfavorable prognosis. I saw her the night of Oct. 26th with Dr. Berlin, a poor little emaciated, suffering child. Never still a moment in limb or body except while asleep, and then lying on her belly with her hands and arms unde a pillow to hold them quiet. Feeling that there was some underlying cause that we had not discovered, I proposed to her father to take her home with me, where I could watch her more closely. On Nov. 1st he brought her to me and I watched her almost day and night for more than a week before I discovered the seat of the trouble, for the usual symptoms of such lesions were absent. I decided that the trouble was in the lower bowel. In attempting to examine the rectum the pain was so intense that I had to desist, but distinctly felt a small tumor the size of the end of my thumb. I sent for Drs. Eve and Cowan to assist me again. We put her under chloroform, Nov. 12th, but could find no tumor at all but instead we found three large ulcers; two just inside of the anus, before and behind, and one up the bowel about four inches. The tumor that I so distinctly felt was evidently the contraction of the muscular fibers of the bowel when I touched them exposed as they were. The ulcers were treated with nitric acid, the sphincter divided, the bowel lightly packed with gauze and the patient put to bed. In an hour the dressings were all passed away and there was no change in her condition except she now began to refer her severest pain to the rectum. On the 14th I again divulsed almost to the tearing point and dressed the ulcers. In 24 hours the muscle had regained its contractile power and was grinding down on those ulcers giving the most excruciating pain. I then divided a part of the fibers of the muscle through the posterior ulcer with no benefit whatever.

As all the symptoms were rapidly growing worse, the chorectic movements having extended to the face and eyes, the pain, the emaciation

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and the rapid failing of all the vital powers, and as I could see nothing ahead but a horrible, lingering death, I deecided to divide the muscles.

So on Nov. 18th under chloroform I divided the muscles posteriorally both external and internal. Unfortunately a capillary hemorrhage gave me much trouble and anxiety as she had no blood to spare. She at once began to improve, the ulcers began to improve and could be easily treated, the chohetic twitchings not so severe, and on Nov. 27th she returned home. The improvement continued and by Jan. 1st, 1900, the chorea was all gone and her condition fairly good. In June following I examined her and found the anus and rectum perfectly normal, not even a notch to indicate where the muscle had been severed. Three months since I again examined her and found the parts normal.

Since that she has continued in good health and is noted as being able to outrun any of her playmates.

HYDROCEPHALUS IN INFANTS, CHRONIC.

Treatment.—In regard to tapping in cases of hydrocephalus and introducing aseptic air, the provisional conclusions warranted by personal limited experience are few:

1. With due precautions the fluid of chronic hydrocephalus may be completely evacuated from the yet unclosed skull of infants, and aseptic air may be allowed to take its place. This operation may be repeated without detriment and with scarcely more risk than belongs to the usual method of paracentesis.

2. In favorable cases of moderate effusion a single operation may suffice. Continued oozing from the puncture for a few days after the removal of the tubes is not unfavorable.

3. In cases of considerable effusion an obvious indication is to relieve the brain from the weight and from the pressure of the fluid. The evacuation is facilitated by the introduction of aseptic air. In one case this treatment has proved to be of decided advantage. By a timely repetition of the operation a hydrocephalic infant might be enabled to carry the weight of the head, and, if the treatment were begun sufficiently early, permanent damage to the brain-tissue might be averted and a normal development might perhaps ensue.

4. In large heads, while hydrocephalus persists, a considerable splashing sound is readily obtained. There is obvious risk in eliciting this sound by forcible succussion, and for the same reason any abrupt movement of the head should be avoided. William Ewart and W. Lee Dickinson (Pediatrics, Oct. 15, 1901).

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Selected Articles.

A CLINICAL REPORT ON GUDE'S PEPTO-MANGAN.

By Samuel Wolfe, A. M., M. D.,

Physician to Philadelphia Hospital, Neurologist to Samaritan Hospital, Philadelphia, Pa.

There may still be some doubt whether manganese is a normal constant constituent of the human blood or of any of the tissues of the body. It may not have been positively determined whether iron, when given in an inorganic compound or in pure metallic form, is absorbed by the mucous membrane of the stomach or intestinal canal, or whether it accomplishes its curative work by some occult process of stimulation of that membrane, by virtue of which it takes up with greater readiness the nutritive portions of food substances which are presented to it at the same time; or whether it plays a chemical role in changing the contents of the alimentary canal, so that what eventually passes into the circulation is more fitted to maintain high standards of nutrition or will prove less deleterious to the processes of life.

Even when we have combinations which, whether obtained synthetically or analytically, resemble the forms in which this metal is found in the blood, our assurance is by no means perfect that they can pass the portals of the circulation, the absorbent organs of the alimentary tract, without great risk of change from their original forms, in their contact with the substances and tissues to which they are exposed.

All these are still questions, on some of which the evidence is sufficiently positive to leave but little doubt, while on others there are so many theories that we are left to choose what may best suit the results of our own observations, if not, indeed, our caprice or fancy.

To the chemist and therapeutist these are certainly interesting and practical questions. Before the physiologist and pathologist still others of equal importance loom up. What are the different steps in the process by which an atom of iron, in either a food or drug, becomes ultimately an ingredient of the haemoglobin of a corpuscle, and what have been the dynamic processess with which it has associated itself up to this point? Again, what is its final destination and disposal? With what materials has it been combined, and what forces has it generated and modified by the time it has finished its course? What accounts for its disappearance under certain abnormal conditions, and why does

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the train of symptoms which we witness arise under these circumstances?

Again, these are facts, theories, hypotheses and speculations which we are bound to consider, and, in the light of our own reason and judgment, to determine.

But while we are thankful for all the light that can be shed on these problems, and, as members of a cultured profession, are impelled to continue their investigation, yet to the clinician their solution is not essential. Whether his path be flooded with the brightness of midday or shrouded in Egyptian darkness, he must still walk on in it. When, in the records of professional literature or in the acquirements of his own personal experience, certain means have associated themselves with consequent legitimate ends, it is his plain duty to adapt the one to the other. And, again, where the means have been to a great degree inadequate, on the introduction of what appeals to his reason as of a higher probable power, he must determine the claim. The clinician must not allow himself to be diverted too far into the by-paths of knowledge, lest he become timorous and undecided. The locomotive engineer, who knows the management of his engine in such a way as to start it, regulate its speed and stop it, so that he will constantly carry his train to its destination on time and without accident, and with the accomplishment of all that is expected of him at the termini and at the way-stations, is but little the better for a complete knowledge of the country through which he travels; of the industries of the towns at which he stops; of the mechanical and physical forces which rule the movements of his engine; or of the mathematical rules which govern the construction of the road.

My observations with Pepto-Mangan, introduced to the profession by Dr. Gude, chemist, of Leipzig, are such as can be easily confirmed by any physician, since they were all made in private practice, and rest on bedside and office notes. I have used the preparation to a considerable extent ever since it was first brought to my notice, which I think was about two years ago. Owing to some specially good results obtained, I was led to the series of recorded observations on which this paper is based. They extend over four months of time, and embrace about fifty cases.

As a rule I followed the directions issued by the manufacturers in its administration, giving to an adult a tablespoonful dose and to younger subjects a proportionate amount. Milk seemed to be the best vehicle, and immediately before or after meals a convenient time. In its relation to food, however, I do not think we need exercise any special care as to its administration. There were but few cases in

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which I found any disturbance of the digestive functions by these doses, but in several there was considerable constipation induced, and in one or two some diarrhoea, as the apparent result of the drug. While my experiments in this direction have not gone far enough to beget firm convictions, I am of the opinion that in the main equally good results could be achieved by a smaller average dose, and in this way the small number of untoward results might probably be still further diminished.

In one series of twenty-three cases the patients were all married women, ranging from the ages of twenty-two to seventy, who were more or less anaemic from various causes. In all but five the results were decidedly satisfactory, and of these one failed to report the second time, so that the result is not known. The other four were cases of advanced organic disease, in which no therapeutic procedure could have given decided results. In nine of the twenty-three cases the results might be classed as brilliant. In all of the others I am convinced that no other preparation of iron could have done more. The condensed details of a few illustrative cases from this series follow.

A woman of 65, during several years, had occasionally applied for relief from vertigo, frequent attacks of palpitation and general weakness and nervousness. She also had frequent long-continued attacks of diarrhoea and some gouty manifestations in the joints. In November I found her very decidedly prostrated and anaemic. She took the Pepto-Mangan in connection with a carefully regulated diet (chiefly albuminous) for six weeks, and gained steadily in strength and weight. At the end of that time her symptoms had disappeared, and she claimed to be in better condition than at any time during the previous two years.

A woman of 25, of highly nervous temperment, cultured and refined, had passed through her first confinement in May, the labor being a very difficult one, and resulting in a still-birth. She grieved very much, and, though fighting bravely against her depression of spirits, by autumn she became very neurasthenic and anaemic. She had morbid fears, frequent flushes, and some menorrhagia. She was put to bed and given Pepto-Mangan and strychnia sulphat in gr. 1-30 doses b. i. d., and recovered rapidly. She again became pregnant, and is perfectly well.

A mother of three children, aged 32, the youngest ten years of age, who had during the last year had some three or four attacks of menorrhagia, had gradually reached a quite profound state of anaemia in spite of plentiful administration of other forms of iron in the intervals of the menses. She is obstinately persistent in refusing a uterine examination, and was therefore treated symptomatically only. My

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recent prescription of Pepto-Mangan has rapidly dissipated her pallor and improved her general health.

A primipara, aged 22, was pale during pregnancy, and at the end of her lying-in, though she had not lost blood at all profusely, and claimed to feel well, was very pallid. After using the Pepto-Mangan for two weeks her color had been fully restored.

Two young married women, both of whom had passed through a confinement within a year, were anaemic, and frequent sufferers from headaches, and considerably debilitated. They both recovered promptly on the Pepto-Mangan.

Another series of nine cases consists of children from infancy to the age of 12. In all marked results were obtained.

A little girl of 4, for two successive summers had frequent malarial attacks of an irregular character and resulting in anaemia and debility. She had been treated with arsenic, quinine, various preparations of iron, and, though responding to the drugs, was still inclined to fall always a ready victim to fresh onsets of the disease. On Pepto-Mangan she made steady and rapid progress toward robust health, and now is a perfect specimen of a vigorous child.

An infant of seven months passed through a siege of infantile remittent with a great deal of bowel disturbance, which yielded to quinine in the course of two weeks. Within a month the same train of symptoms developed, and quinine was again given, and followed by Pepto-Mangan, and since then the child's health has remained good, although several months have elapsed.

A girl of 7, who had for a long time been pale, took diphtheria. After recovery from the disease, the anaemia, as might be expected, was still more grave. She was put on Pepto-Mangan and soon became rosy and strong.

Another girl of the same age, also habitually pallid, had wryneck for two weeks, which disappeared under iodide of potassium, but the anaemia had increased. Her restoration in color and to robust health was secured by the use of Pepto-Mangan for a month.

A little boy of four had measles, from which he made a good recovery. Two months later he was very anaemic and listless, with poor appetite and slight feverishness. He at once improved on the Pepto-Mangan, and continued until fully restored.

A baby, six months old, one of a pair of twins, had developed a quite marked degree of hydrocephalus. Large thin blue veins stood in relief all over the scalp. The anaemia was very pronounced. She was put on Pepto-Mangan, and her appearance now is much better, with strong indications of the arrest of progress in the disease.

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Another series of five cases includes girls approaching, or slightly beyond, puberty, all anaemic, and all responding to the use of Pepto-Mangan.

Of this class, a girl of 17, who has always been pale, thin and puny, has only come under treatment within a month. She has never menstruated, and shows but little tendency to don the usual physical habiliments of the maiden. She is under size, but has since her early girlhood always had an aged look. Her appetite is very meagre and somewhat capricious. She suffers from pains in the legs, more especially the joints, and has a distinct systolic murmur. Under the Pepto-Mangan she seems disposed to gain in color and appetite, and the pains in the legs have somewhat diminished. I shall watch the ootcome of this case with great interest.

In submitting this report, I wish to summarize these conclusions:

That Pepto-Mangan is a highly available preparation of iron, on account of its liquid form, pleasant taste, non-corrosive action on the teeth and unirritating effect on the digestive organs, admitting thus of easy gradation of dose, easy administration to children and avoidance of unpleasant effects in all classes of patients.

That it is an efficient and rapid restorer of the normal quality and quantity of the blood, in all conditions where the state of the organism admits of this result by the administration of a chalybeate.

THE TREATMENT OF SYPHILIS WITH SPECIAL REFERENCE TO THE BEST METHODS OF ADMINISTERING MERCURY.*

By WINFIELD AYRES, M. D.,

Genito-Urinary Surgeon, Bellevue Hospital, O. D. P., New York; Instructor in Genito-Urinary Diseases in New York University and Bellevue Hospital Medical College: Instructor in Genito-Urinary Diseases in the New York Post-Graduate Hospital, etc.

The author calls to mind the facts that mercury has been used in the treatment of syphilis for over 400 years, and there are few physicians, today, who do not use it in some form. Although the method of treatment with mercury is still discussed, he is firmly of the opinion that there is no hope of eradicating the disease unless the full dose is given constantly for something like three years. The treatment should begin just as soon as the diagnosis can be made. There is no ground for supposing that enucleation of the chancere has the effect of aborting the disease. If a positive diagnosis cannot be made from the ap-

*Abstract of an original paper by the author in The Lancet (London, Eng.), October 19, 1901.

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pearance of the initial lesion, general tonic treatment should be instituted.

In some cases the protiodide controls the symptoms, but in the majority it is of very little use. Experiments with Mercurol were conducted at Bellevue Hospital, for eight and a half months, with 180 cases; the histories of 95 of these are recorded. The remainder could not be kept under observation and are therefore passed over. The dosage of the Mercurol, regulated either by reaching the point of tolerance or control of the disease, varied from one-half to six grains. In 64 of the 95 cases the disease was controlled as follows: in two weeks, 8; three weeks, 12; four weeks, 14; five weeks, 6; six weeks, 5; seven weeks, 2; two months, 8; ten weeks, 2; three months, 5; and four months, 1. The remainder are marked thus: decidedly improved, 17; improved, 8; no improvement in two weeks, 3; no improvement in four weeks, 1; and no improvement in three months, 2. The latter were all dispensary patients and it is uncertain whether they took their medicine regularly.

The writer states that his plan was to increase the dose steadily from one grain until the symptoms were controlled, or until there was a slight tendency on the part of the teeth and gums to become tender. If the symptoms were not controlled before the physiological effect of the mercurol made itself felt, small doses of potassium iodide were added, and in every case where the Mercurol was taken according to directions, with the exceptions noted above, the symptoms were controlled.

In 67 out of the 95 cases tabulated, no other medicine than Mercurol was given. In 15 out of the remaining 28, the addition of iodide of potassium was found to be sufficient to control the disease, while in 6 others the addition of an iron tonic sufficed for this purpose.

The cases are not reported at length, but a few of the more remarkable results and some cases in which other medicines failed to control the disease are briefly mentioned.

Case one had been taking bichloride for one month with very little improvement. Under Mercurol, three grains maximum dosage, the symptoms were under control in five weeks.

Case 2 had been under biniodide of mercury (one-sixteenth of a grain) and potassium iodide (five grains), which caused iodism. His symptoms were controlled in one month under half a grain of Mercurol.

In case 3 unguentum hydrargyri had failed to control the disease. The patient was put on Mercurol and the dosage pushed up to six

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grains three times a day. The disease was thoroughly under control in seven weeks.

Case 4 had been on three-eighths of a grain of biniodide of mercury and twenty grains of potassium iodide for two months. The medicine caused nausea and vomiting. Having been put on Mercurol and the dosage gradually increased to five grains three times a day, the symptoms were controlled in three weeks.

Case 5 had been taking hydrargyrum bichloride (one-twelfth of a grain) three times a day, under which an eruption on his face had faded, but the eruption on his body still persisted. His symptoms disappeared in two weeks under a maximum dose of three grains of Mercurol three times a day.

Case 6 had been on bichloride of mercury (three-sixteenths of a grain) for three months, in spite of which he had palmar syphilide of an eczematous variety. All appearances of the disease disappeared after he had been one month on Mercurol, his maximum dose being three grains three times a day.

Case 7 had been taking one-quarter of a grain of Mercurol and fifteen grains of potassium iodide, with the result that the eruption had decidedly improved, though not to the extent that it should have done. There were thickened red patches on the face, covered with scaly eruptions. The symptoms almost entirely disappeared within three weeks under a maximum dosage of five grains of Mercurol three times a day and fifteen grains of potassium iodide.

Case 8 had been treated with inunctions of mercury, under which the eruptions disappeared, but the pains in the bones still persisted. He was relieved in three weeks under a maximum dosage of four grains of Mercurol three times a day.

Case 9 had been taking other forms of mercury for six months. The form which had done him most good was bichloride. Yet one-fifth of a grain did not entirely control the disease. He had been taking that for two months when he was placed on Mercurol. The dosage in his case was pushed up to six grains three times a day, and at the end of seven weeks all his symptoms had disappeared.

Case 10 had been taking medicine off and on for two years, but his symptoms never disappeared entirely. After being two weeks on Mercurol(two grains three times a day) with the addition of potassium iodide, all symptoms had disappeared.

Ayres, in conclusion, states that he uses Mercurol in his private practice to the exclusion of all other drugs. His experience is that he gets better results. He has found no form in which mercury can be given with such good results as in that of Mercurol.

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THE BEST ALKALINE WASH.

By W. HARPUR SLOAN, M. D.,

Chief Ear Department Medico-Chirurgical College, Philladelphia, Pa.

There are many alkaline preparations on the market that are used daily with varied results in conditions where such a preparation is indicated. I have tried most of them in all conditions and after an impartial trial, I am compelled to say that the preparation known as "Glyco Thymoline," made by Kress & Owen Co., stands at the head of the list; its formula is one that would commend its use, the ingredients being of an antiseptic nature.

Having formed this opinion of "Glyco Thymoline," I have concluded to report a few clinical cases where it has given me good results.

Case No. 1—M. L., age 23 years, came under my care suffering with a distressing case of ozema. The turbinated bone on both sides of her nose presented a condition of marked atropy; there was a complete loss of smell and taste; and a formation of crusts in the nasal chamber; the stench of same was foul. She complained of continual headache, and other symptoms of a depleted and run down system. I placed her on a tonic of iron, Arsenic and Strychnia, internally; locally I ordered the use of "Glyco Thymoline" in a Bermingham Douche three times a day, diluted. After a month's treatment the crusts had ceased to form; there was a complete restoration of taste and a slight return of smell; the general health was improved, and the patient herself well satisfied with results.

Case No. 2.—C. A., age 8 years, came to me suffering with a severe Otorrhoea following scarlet fever. There was a muco-purulent discharge from both ears that rendered the child completely deaf; the auditory canal was excoriated and sore, and the general health below par. I used Cod Liver Oil internally, and syringed the ears three times a day with "Glyco Thymoline." At the end of one month the discharge of pus had stopped; the hearing much improved, and the child's general health very much improved.

Case No. 3., J. W., age twenty-five years; came under my care suffering with an aggravated case of Cystitis, which had been treated by several of our best physicians without much improvement. He had great pain in the region of the bladder and loins, which became worse on urination; a heavy deposit of mucus and some blood in the urine made his condition more distressing; his temperature was 100, which would rise a degree during the periods of pain. I used the usual treatment for such cases without positive results, when I thought of irrigating the bladder with "Glyco Thymoline" (dilute). This I did

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once in twenty-four hours, at the same time giving him "Glyco Thymo line" internally in teaspoonful doses every three hours. For the first two days I did not see much improvement, on the third day there was no blood in the urine and less mucus. I continued this treatment for two weeks, when I discharged him cured.

Case No. 4—J. H., aged thirty-five years; consulted me for Pruritus Ani which had troubled him for several years; his business compelled him to sit the best part of the day. He had used various ointments, prescriptions, etc., for this troublesome affection, with only temporary relief. At his first visit I ordered him to bathe the rectum twice daily with castile soap and warm water, then to apply "Glyco Thymoline" half strength to the parts. After persisting for a time, the swelling and severe itching was lessened, and then left him altogether.

A CASE OF SO-CALLED VON JAKSCH'S ANEMIA.

Dr. C. Herrman presented this report. The subject of it was a female a year and a half old, born of healthy parents. She had been first seen on May 10th, when 17 months old. For the last few weeks the child had been noticed to be growing paler and thinner. Examination showed a large splenic tumor extending from the eighth intercostal space above the crest of the ileum below. The liver extended distinctly below the free border of the ribs. There were epiphyseal enlargements in the ends of the radius and tibia. Examination of the blood on May 14th showed red blood cells, 2,800,000, and the hemoglopin 35 per cent. On June 1st a petechial eruption had appeared on the face, arms and legs. On June 27th the case had been admitted to the Mount Sinai Hospital. A differential blood count showed 30.3 per cent. polynuclear cells, large 29 and small leucocytes 31; eosinophiles 2.1. On July 3d the child had developed pneumonia. On Aug. 6th there had appeared a purpuric eruption on the arms and legs and fresh areas of consolidation in the lungs. A differential count showed polynuclear cells, 34 per cent.; large lymphocytes, 40; and small, 24; eosinophiles, 2. On Aug. 15th a vesicular eruption had appeared and the child died of exhaustion on Sept. 1st. The speaker said that in 1889 von Jaksch had described a form of anemia that goes by his name, but at the present time clinicians are inclined to look upon this as one of the forms of secondary anemia. However, if these cases of anemia were secondary it was often difficult to discover to what they are secondary. In the case just reported there was no syphilis, tuberculosis, malaria, intestinal catarrh or intestinal parasites. These cases do not respond so well to antirachitic treatment as cases of rachitis pure and simple. In the few autopsies recorded the changes characteristic of pernicious anemia had been absent.

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DOCTORS' OFFICE DANGERS.

"If I were ten years younger," said a physician who has a good general and office practice, "and could stand the opprobious name of crank, I would begin a reform here in my office surroundings. Physicians talk a deal about germs and the diseases that are spread about. A few physicians admit their own carelessness as germ distributors, but most of us say very glibly that we are very careful persons. Take a look at my office here, into which sick persons of all kinds come. Here is a lot of old upholstered furniture, a lot of books in wabbly cases, draperies about the window, pictures on the walls, and, worst of all, carpets on the floor.

"A doctor's office should have plain painted walls, no pictures. There should not bt any cases of books either in the reception room or in the consultation room. Keep them some place else than where patients are received. Up with the carpets and keep the floors clean and sweet. Away with the draperies and the stuffed furniture. Keep the walls clean. Anybody with half a nose that goes into a doctor's office now will find all sorts of strange smells in it. Many of these offices are merely clearing houses for all sorts of bacilli. We never take the trouble to fumigate or purify our own premises. We don't waste any formaldehyde in cleaning up our offices and the little back rooms into which we take our patients. It is our business to recommend precautions to other people, not to take them ourselves." —Lay Press.

THE ANTIKAMNIA CHEMICAL COMPANY'S NEW LABORATORY.

Frank A. Ruf, President and Treasurer of the Antikamnia Chemical Company, has just purchased a lot 80x109 feet, on the northwest corner of 22d and Pine streets, for $20,000 cash, on which his company will begin the erection, early in spring, of a new "Antikamnia Laboratory," five stories high, covering the entire lot. The improvements will cost about $45,000 irrespective of the laboratory apparatus and appliances which will be of most approved pattern, from Darmstadt, Germany. The offices and various departments will be fitted with all modern conveniences, making the whole plant one of the most complete Specialty Laboratories in the United States.

The Antikamnia Chemical Company is one of America's, if not of the world's best known Pharmaceutical concerns and justly so. Energy, enterprise and push, backed up by the judicious and liberal use of printers' ink, in keeping their line of preparations in touch with the medical profession, from one end of the universe to the other, have made it so.

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Editorial.

JNO. C. LeGRANDE, M. D.,.....Editor and Prop.

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The Journal will be mailed on or about the 15th of the Month. Subscribers failing to receive it promptly will please notify us at once.

We cannot promise to furnish back numbers.

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The editor is not responsible for views expressed by contributors.

All communications should be addressed to THE ALABAMA MEDICAL JOURNAL, Birmingham, Ala.

The Alabama Medical Journal.

With this issue we begin the XIV volume of the Journal. A notice of this fact is not for the purpose to trumpet any wonderful achievements, but is just and fair to those who have aided us in the work and those who feel an interest in the progress and success of the Journal to say that it has been a success in more respects than one, and we enter upon the fourteenth volume with brighter prospects than ever before—and we acknowledge our grateful appreciation to all the friends and patrons of the Journal who have stood by it during the years gone by. The editor has in all these years had a fixed purpose in his journalistic work, to give a medium in which the medical profession of Alabama especially might give expression of any views which might be helpful to the profession and for the discussion of medical subjects, etc.

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It has been the pleasure of the management of the Journal to advocate everything which was thought to be to the upbuilding and best interest of the Medical Association of the State and the endorsement which the Journal received by a unanimous vote three years ago attest the appreciation of the association for the efforts which we have made.

We take this opportunity to thank our friends—those who have subscribed, and paid their subscription and the long list of advertisers who have shown their appreciation of the Journal and we promise to continue to give our best efforts during the coming year to make the Journal better than ever before.

A Review of the Surgical Aspects of the Case of President McKinley.

The Brooklyn Medical Journal, by George Ryerson Fowler, says:

The report of the Medical Staff in attendance upon the late President McKinley has been given out and, in its scientific aspects at least, is before the profession for discussion. The latter, true to its instincts of justice, has refrained, with a few exceptions, from commenting upon the case until all the facts were placed before it. Where adverse criticisms have been made prior to the issuing of the report, these have not been favorably received by the profession at large, and, it is fair to say, have brought the reverse of credit to those who have uttered them.

Briefly stated, the case is about as follows: The illustrious patient was the subject of a perforating gunshot wound of the stomach, the missile entering the latter near the greater curvature, and emerging, as nearly as could be made out, at a point about opposite the wound of entrance. Its further course was not determined either at the operation or autopsy.

The wounding took place within the grounds of the Pan-American Exposition at Buffalo, and the emergency hospital set up within the grounds was available for the immediate care of the case. Unfortunately the arrangement and equipment of this hospital was such as to adapt it to minor surgical emenrgencies only. The operating room was located upon the ground floor, with no overhead light, and the only available source of natural light was from windows upon one side, and that the west side of the building. The difficulties arising from insufficient light were further enhanced by the time of day at which the shooting took place, as the sun was low in the horizon, and the light failed almost completely before the operation was completed. The absence of a reception ward evidently necessitated placing the patient

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at once upon the operating table in the operating room, and there undressing him; else it is difficult to understand this somewhat unusual course of procedure. The difficulties of the operation were still further increased by the want of such important instruments as retractors Even the small curved needle which was employed for suturing the opening in the posterior wall of the stomach was supplied from the pocket case of one of the surgeons present at the operation. Nor could the operator in the case be held responsible for the lack of suitable instruments, inasmuch as he was summoned to the exposition grounds without the slightest hint as to the reason for the call, the first intimation of which was given him as he entered the hospital, by another surgeon, who said to him, "The President has been shot and we are waiting for you."

The subsequent steps in the case are all set forth in the detailed report. In the light of the surgery of today it is difficult to conceive how any other course could have been pursued than that of immediate operation, particularly in view of the location of the wound, the probability that the stomach was involved, the fact that in all probability the latter contained food, and finally the fact that the patient did not fall, but remained standing or sitting for a sufficient time to favor leakage of the stomach contents; all of which considerations presented the positive indications for opening the abdomen at the earliest possible moment and repairing the damage done to the contained viscera.

The preliminary injection of morphine and strychnine had much to do with the promptness with which the patient passed under the influence of the anesthetic, as well as the fact that the operation was well borne. This, as well as other important preliminaries to the contemplated operation, was attended to pending the arrival of the surgeon, who, in the absence from the city of the Surgeon-in-Chief of the Exposition, had been selected as the operator in the case. All of which goes to show that the necessity for prompt operative interference was not lost sight of for a single moment, and that even the short consultation spoken of in the report was more a matter of form and courtesy than of actual need, since there could scarcely be two opinions on this point. Indeed, one has yet to hear, from the medical profession the world over, a single word of adverse criticism upon this point from any whose opinion is entitled to respect.

The choice of an anesthetic was a consideration that required some thought, since in operations of this character many surgeons would have chosen chloroform rather than ether as being the most convenient and less likely to be followed by vomiting. The element of safety

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was certainly on the side of the latter, and the event proved that the choice was a wise one. The ether was well borne, and anesthetization was complete in nine minutes, facts which speak for a skilful anesthetist.

The usual rule of including the bullet wound in the incision was followed and with the result of finding a piece of cloth along the track of the bullet, and of coming at once upon the opening in the anterior stomach wall. Equally good judgment was displayed in enlarging the opening sufficiently to permit of digital exploration of the interior of the stomach, since only through this maneuver could the presence or absence of the missile in the stomach itself, or of food, be determined.

The choice of silk as suture material is mentioned only to be commended, and the usual method of a double row of practically continued sutures is looked upon by surgeons of today as ensuring a watertight jointure of the serous surfaces with far greater certainty than the interrupted sutures of a decade ago, and still employed by many surgeons.

The absence of the missile in the stomach made it absolutely necessary to reach its posterior wall. In order to accomplish this in the most expeditious manner possible the omentum and transverse colon were drawn out of the abdominal wound and the gastro-colic omentum divided between two ligatures to the extent of about four inches. This very practical and rapidly executed expedient enabled the operator to bring the stomach into the operation wound, and gave ready access to the bullet wound in its posterior wall, which was closed in the same manner as the anterior wound.

The use of a simple saline solution to flush the parts as they appeared in the field of operation was a precautionary measure, since the examination of the interior of the stomach disclosed the presence of considerable liquid, more or less of which must have escaped during the manipulation.

Taking all things into consideration the decision arrived at by the surgeons present, after satisfying themselves that the transverse colon had not been wounded, not to attempt to follow the bullet into the tissues behind the stomach, was a wise one. Most especially is the course followed to be commended when the age of the patient, and the fact that he was already suffering considerably from shock, are taken into account. Further, the evisceration essential to such a procedure must of necessity not only have increased the already existing shock, but have heightened the probability of infection.

There seems to have been some difference of opinion as to the neces-

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sity for drainage. One of the surgeons present was in favor of a gauze or wicking drain leading from the site of the wound in the posterior wall of the stomach. The operator, however, with the concurrence of the other surgeons, "decided against this, as being unnecessary."

Without question the decision arrived at was warranted by the intra-abdominal conditions as they existed at the close of the operation. So far as could be ascertained there had been no escape of stomach contents prior to opening the abdomen, and what little soiling had occurred during the manipulation had been promptly corrected by hot saline solution. The openings in the stomach had been closed in the most approved manner, there was no probability of the occurrence of hemorrhage requiring the presence of a tell-tale drain, the location of the wound of the stomach almost precluded injury to any other portion of the alimentary canal, and the utmost aseptic care had been exercised throughout. So far as the injury to the viscera was concerned, therefore, there could be no question as to the wisdom of omitting that which was unnecessary, and which might possibly prove harmful.

The only point which can possibly arise in connection with the question of drainage will turn upon its probable influence, had it been employed, upon the changes which took place in the tissues along the course of the bullet subsequent to its escape from the stomach. In the light of the autopsical findings the suggestion forces itself upon one that the evil effects of the necrosis which occurred in the bullet track might have possibly been lessened by drainage, but whether drainage in an anterior direction would have served any good purpose is far from certain. He would be a bold critic who, in view of the favorable course pursued, would have made the assertion during the first week of the case that drainage should have been instituted, and even at the present time the inquiry as to where the drainage should have been made would be pertinent to such criticism.

The further steps of the operation call for but very little comment. The removal of tissue likely to become necrotic in the track of the bullet was followed by closure of the operation wound by silkwormgut sutures.

As to the cause or causes of death, there must necessarily be differences of opinion. In summing up the pathological findings upon autopsy it is stated, in addition to the gunshot wound of both walls of the stomach disclosed by the operation, that the superior aspect of the left kidney had been injured by the bullet. The other changes found consisted in "extensive necrosis of the pancreas; necrosis of the gastric wall in the neighborhood of both wounds; fatty degeneration,

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infiltration and brown atrophy of the heart muscle; slight cloudy swelling of the epithelium of the kidneys."

The extensive necrosis of the pancreas which, in all probability was an important factor in the cause of death, must have been due either to direct injury or occurred as an after-effect from infection. The necrosis of the gastric wall at the site of the bullet wounds is not so easily explained from the surgical standpoint. One thing at least seems certain: it was not due to any error of operative technique. Even the ligature and division of the gastro-colic omentum, which was made in order to gain access to the posterior wall of the stomach, cannot be held responsible for this complication, as has been suggested, for the reason that the blood supply to the stomach itself is complete and perfect without reference to the vessels of the gastro-colic part of the great omentum, the blood supply of which, the vasa epiploica, is derived chiefly from the arteria gastro-epiploica sinistra. In other words, the stomach does not depend to the slightest extent upon the vessels of the gastro-colic omentum for its blood supply, but rather the reverse, the blood of the omentum being derived from the vessels which supply the stomach. That there was an almost complete absence of repair at the site of the sutures was evident; that this was entirely independent of the technique employed was equally apparent.

Pending the completion of the report of the bacteriologist in the case it would be manifestly improper to state a definite opinion as to the causes of the necrosis of the retroperitoneal structures. That the normal structures in the neighborhood of a pancreas the seat of extensive necrosis present similar although less advanced conditions those who have had experience in such cases will not hesitate to aver. How much this may have been favored by the traumatism to which the tissues were subjected by the passage of the bullet, or to what extent infection carried to those tissues may have lent its aid in bringing about the final result are questions which, for the present, at least, must remain sub judice.

Diphtheria Antitoxin Harmless.

The recent unfortunate occurrence of fatal cases of lockjaw in St. Louis, in patients who had been injected with diphtheria antitoxin prepared by the St. Louis Board of Health, is particularly lamentable because of its possible effect in prejudicing the public mind against a most valuable remedy.

Investigation proves that the antitoxin employed, which was made by the St. Louis Board of Health, was contaminated with tetanus

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germs. The presence of these germs was either due to the neglect of a very simple procedure, which should be invariably practiced in all properly conducted antitoxin laboratories—this procedure consists in the previous immunizing or protection of all the horses employed, by means of tetanus antitoxin—or the contamination of the serum after its preparation.

Tetanus and diphtheria are two separate and distinct diseases and have nothing in common. It has been unquestionably proven in scientific circles that tetanus is caused by one poison or toxin, and diphtheria by an entirely different toxin; it has been equally well established that tetanus antitoxin will always prevent the development of tetanus, and that diphtheria antitoxin is a likewise certain preventive and cure of diphtheria. One experience will serve to illustrate the preventive value of tetanus antitoxin, which experience was reported by Dr. Leonard Pearson, Pennsylvania State Veterinarian and one of the highest authorities in America. Dr. Pearson was consulted by the Lehigh Valley Coal Company, in whose mines large numbers of horses and mules are employed. This company experienced severe financial losses by the death from tetanus of many of these animals—loss from tetanus being as high as thirty animals a month. This company, on the advice of Dr. Pearson, adopted the routine practice of injecting each of their animals with tetanus antitoxin, since which time there have been no cases of tetanus among their animals.

This is the invariable experience the world over with the use of tetanus antitoxin to prevent tetanus. The manufacturers of antitoxin have availed themselves of this fact, so that all horses used for production of diphtheria antitoxin are constantly kept immunized against tetanus; consequently, properly prepared diphtheria antitoxin cannot cause tetanus in the human being. To prevent the possibility of infection of antitoxin after it is prepared, it is rendered antiseptic by the addition of a harmless germicide, so that even should the antitoxin be carelessly used, no germs could live in it, and its injection would prove absolutely harmless. It is because of the neglect of either of these precautions that tetanus has occurred.

One of the largest firms in this country, located in Philadelphia, were the first to produce antitoxin in America, as soon as the great life-saving value of the remedy had been established in the highest medical circles in Europe. Since 1894 this firm have sold many millions of bottles of diphtheria antitoxin, and not a single case of tetanus or untoward result has ever occurred from its use; this is due to the fact that all of the horses from which the diptheria antitoxin is produced are kept constantly immunized or protected against tetanus, and every

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step of its preparation is under the personal direction and supervision of capable and scientific men.

Diphtheria Antitoxin is as harmless to the human being as water, because, with our present advanced scientific knowledge, it is absolutely pure and free from contamination. The experience of physicians throughout the world is unanimous as to the harmlessness of diphtheria antitoxin, even when employed in many times the quantity necessary to cure diphtheria; in fact, there is no other remedy known which is as free from danger. This is due to the absolute mathematical precision with which the purity and strength of antitoxin are determined; in no other remedy, is purity and strength so accurately governed.

Concerning the life-saving value of antitoxin it is not necessary to speak. There is scarcely a family that has not witnessed one of their members snatched from the very jaws of death by the timely use of diphtheria antitoxin. Physicians are not so unanimous upon any subject as they are upon the value of antitoxin as a life saver and preventive of diphtheria. This phase of the subject has been officially investigated by every medical society in the world, with the result that statistics, amounting to millions of cases, have been collected, which show that the mortality rate from diphtheria, since the introduction of antitoxin, is less than one-third of what it was before antitoxin was discovered.

It would be most lamentable if the St. Louis experience would engender a sense of distrust, in the public mind, of antitoxin—particularly so because physicians know where they can obtain a product which cannot, under any circumstances, occasion the slightest bad effect in the patient. It would be more unwise to condemn antitoxin than it would be for the legislatures to prohibit the running of railroad trains because accidents and loss of life have occurred. Railroad accidents cannot be avoided, but bad effects from antitoxin can be, because this remedy is furnished in a state, the purity and harmlessness of which cannot be questioned.

The Doctor's Duty to Inform the People.

The Journal of the A. M. A. (June 15), after denouncing political coroners' verdicts, especially a ridiculous one of suicide in a case of decapitation, thus pertinently points out professional duty to the public: "When we begin, as a profession, to recognize and take up our public responsibilities, the removal of this important function from the hands of incompetent, and often worse than incompetent, politicians will not be one of the least important benefits that we can en-

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deavor to confer upon our fellow-citizens." When men well qualified, medical men, not quacks, post the public through the public press and everywhere as they ought on matters medical, as the code enjoins, then will the profession secure and hold its proper place in public councils. It is through lack of light that superstitious darkness reigns and fads and fakirs flourish. It is through lack of light that an army and navy medical officer holds comparatively degraded rank in the United States service, when it should be equal to the highest. It is through lack of light that medical counsel is not lawfully provided for in the President's Cabinet, that the Marine Hospital Service is obliged to serve the nation inland where it does not belong. It is through lack of light that ministers preach poison from their pulpits and attest to the innocuousness of patented poisonous potions. It is through lack of light that the religious and secular press are innocent participators in these crimes against the public health. It is through lack of light that the profession should give, and through lack of influence it should wield, but does not, that the dark days of mysticism and superstition still linger with us in the twentieth century that boasts of its light, and has it, and gives it in other spheres of human influence.

THE DOCTOR'S HORSE.

Dear, faithful friend,
On whom we all depend,
When pain and fear the summons send.

His hoof-beats
In fevered dreams we hear,
And know that help is drawing near.

Early and late
He stands at door and gate,
In heat or cold content to wait.

No sudden fright,
No blast of winter night,
Can stir him from his master's sight.

He knows his place.
With meek and patient grace
To every stress he bows his face.

Let come what may,
No trust will he betray.
Bod bless his brave, dumb soul, I say.

—James Buckham.

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HIS FIRST BABY.

Hey there! You little wrigglin' chap,
Winkin' and blinkin' on grandma's lap,
What do you think of all this biz?
Cute little feller, ain't he Liz?

Say, Doc! how much d'ye s'pose he'll weigh?
Ten? Beats Jones's anyway.
Hully gee! What an arm that is!
Reg'lar Jim Jeffries, ain't he, Liz?

Just watch him double up that fist!
He's goin' to be a pugilist,
Or else a preacher, or else—gee whiz!
Whoop like an Indian, don't he, Liz?

Seems t' say as plain's can be,
"I'm lonesome; that's what' troublin' me.'
Lonesome the poor little feller is!
But we'll be good to 'im, won't we, Liz?

Say, Doc, you goin'? Well, good night;
Here's twenty dollars—is that all right?
I'm satisfied, an' I'll bet she is;
Pretty good doctor, ain't he, Liz?

I'm satisfied but for jist one thing:
I wanted a girl. I did, by jing!
But I guess it's all right jest as 'tis.
Better luck next time—won't we, Liz?

—Dr. Frank Rose, in Chicago Med. Journal.

BASHAM'S MIXTURE.

An old, time-tried tonic in urinary affections, particularly in degenerative conditions of the kidneys, is "Basham's mixture." The virtues of this preparation were extolled in lecture rooms quite half a century ago, and the same is said today. In its particular field of usefulness it has well stood the test of time; its composition is:

℞ Tr. ferri chlor f.℥iij
Acid acet. dil f.℥iss
Syr. simp f.℥ss
Liq. ammon, acetat, q. s. ad.....f.℥iv

M. Sig.—One dessertspoonful every three or four hours—Clinical Review.

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Miscellaneous Notes.

NEW ORLEANS POLYCLINIC

Now in session fifteenth year. Closes May 31, 1901. Physicians will find the Polyclinic an excellent means for posting themselves upon mod ern progress in all branches of medicine and surgery. The specialties are fully taught, including laboratory work. For further infomation address Dr. Isadore Dye, Secretary, New Orleans Polyclinic, Postoffice box 797, New Orleans, La.

A new surgical chair for sale—Apply at the office of the Journal.

The wise physician never gives an absolute prognosis of life or death; and, above all, never names the hour of probable dissolution.—Ex.

One of the best and most artistic exhibits at the Tri-State Medical Society of West Tennessee, Arkansas and Mississippi at its recent session in Memphis was that by Dr. J. C. Pernie, representing E. J. Hart & Co., of New Orleans, La.

Wm. Osler, M.D., in the Sun, of January 27, 1901, says: "A new school of practitioners has arisen which cares nothing for homeopathy and less for so-called allopathy. It seeks to study rationally and scientifically the action of drugs, old and new."—Ex.

A doctor may throw away his cigar or put his pipe in his pocket before entering the patient's room, but her ipecac headache is much aggravated by the smell of dead tobacco smoke, and she says to her aunt: "Don't let that man in here again when I have one of these headaches or I shall be sick all over the bed."—Ex.

The attention of our readers is called to the advertisement of Robinson-Pettet Company, which appears on page 12 of this issue.

This house is one of long standing, and enjoys a reputation of the highest character.

The preparations referred to, we commend specially to the notice of practitioners.

The following physicians were matriculated at the New Orleans Polyclinic the early part of November:

From Texas—Drs. D. D. Hamilton, G. M. Jones, J. F. Scruggs, J. W.

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Vermillion, A. B. Kennedy, L. Smith, A. M. Horner. From Oklahoma Territory—Dr. R. D. Lowther. From Arkansas—Dr. J. E. Little From Mississippi—Dr. C. E. Bernham. From Virginia—Dr. R. H. Davis. From Louisiana—Dr. Jas. P. Parker. From Indiana—Dr. Vesta M. Swarts.

Were the whole world well-fed and clothed and housed, disease would only result from carelessness or accident. Men and women would live out their days, and finally all parts of them vanish together, like the deacon's one horse shay. This is so obviously true that one may wonder why it is said. The struggle against dirt made by the housekeeper, and the struggle against poverty made by the world, are everlasting. But this line of thought is suggested to us by a very practical question, which the least observation finds to be very apparent in New York. The working people of the world of the better class—that is to say—the clerks, the cashiers and the stenographers, and, in some instances, we might say the teachers, are not adequately paid. In the case of boys entrusted with great responsibilities, this leads, tempted as they are by the daily sight of money which they can never own, to defalcation and other crimes.—Post Graduate of N. Y.

D. S. Maddox, M.D., United States Examining Surgeon, Coroner Marion Co., Ohio, says: (Med. Brief)***For the control of pain opium is and always has been the sheet anchor. But opium, pure and simple has many disadvantages which render its use in some cases positively harmful. Opium is one of the most complex substances in organic chemistry, containing, according to Brunton, eighteen alkaloids, and an organic acid. The ordinary alkaloids, of which morphia is the chief, have the same objections as the crude drug. They constipate the bowels, derange the stomach, and worst of all, induce a habit which utterly destroys the moral and physical nature of the individual. While looking about me for some agent which would produce satisfactory anodyne and hypnotic results without the deleterious and pernicious after-effects of opium and its ordinary derivatives, I came upon the preparation known as papine. After a somewhat extended trial of this remedy I am convinced that it is the ideal anodyne. Although derived from the Papaver Somniferum it is singularly free from the objections of the ordinary opiates. It does not constipate; it does not derange the stomach; it does not cause headache; it does not induce any drug habit; it is safe and may be given to children as well as adults.

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Society Reports.

NEW YORK ACADEMY OF MEDICINE—SECTION OF ORTHOPÆDIC SURGERY.

Meeting of Oct. 18, 1901.

GEORGE R. ELLIOTT, M. D., Chairman.

INFANTILE PARALYSIS SIMULATING CONGENITAL TALIPES CALCANEUS.

Dr. A. B. Judson presented the case of a baby five months old with what at first view appeared to be left congenital talipes calcaneus. Passive motion was abnormally free, active motion was deficient. The position was that of talipes calcaneus. The history was given of a three days' sickness occurring when the child was two months old, in which there were fever, trembling and general cutaneous hyperaestheria, but no vomiting, diarrhoea or convulsions. The diagnosis of infantile paralysis was made and will probably be confirmed by partial spontaneous recovery during the next year. The cutaneous circulation was apparently normal and the general health of the infant was excellent. The left thigh and leg were one-half less in circumference than the right. Thee arms were normal. Congenital calcaneus was rare. Such a case with the resistant tissues and lasting deformity of congenital varus would be well worth careful study and description.

Dr. W. R. Townsend agreed with the diagnosis of infantile paralysis. He believed well marked congenital talipes calcaneus to be very rare, although he had seen such cases.

Dr. George R. Elliott asked Dr. Townsend what muscles would be affected to cause such a deformity as that presented.

Dr. Townsend replied, Gastrocnemius soleus and plantaris.

Dr Elliott asked Dr. Judson if the poliomyelitis was limited to the posterior group of muscles.

Dr. Judson replied that a careful electrical examination had not been made.

Dr. Henry Ling Taylor said in reference to the statement about the rarity of congenital talipes calcaneus, that while he agreed that the

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severe forms were rare, the milder varieties were fairly common; they, however, usually corrected themselves without special treatment.

CREPITUS IN CERVICAL POTT'S DISEASE.

Dr. Judson presented a case of crepitus heard in cervical Pott's disease in a woman 40 years old, accustomed to house work. Symptoms had been present about a year. Movements of the head had caused pain of the forehead and face called by the patient "neuralgia." She had often supported the head with her hands and at night had needed a number of pillows carefully arranged to hold the head in a comfortable position. When she stopped work for a time she felt better but on returning to work the trouble was increased. The deformity was marked, being partly due to a forward displacement of the axis of the head, a condition invariably present in cervical Pott's. The width of the neck posteriorly was increased. There was no abnormality of the trunk or any other part of the skeleton. She said that at one time the head was much flexed and inclined to the left. Six months ago she noticed that the motion of the head in rotation was accompanied by a cracking sound. On examination the crepitus was readily heard, simulating bony crepitus, but evidently due to tendinous or muscular slipping.

Dr. Townsend said that he could not agree with the diagnosis of cervical caries; he was inclined to consider the case one of osteo-arthritis which deceased condition had been well described by Goldthwait in the Transactions of the American Orthopedic Association, Vol. XII.

Dr. Elliott agreed with Dr. Townsend that the symptoms and objective signs were not typical of cervical caries. He would expect to find more real disability, more rigidity due to reflex spasm in spite of the fact that frequently the symptoms signs of caries in the adult were frequently masked. Cervical caries appearing at the age of 40 was not common and at that age almost invariably progressive, which did not appear true in the present case.

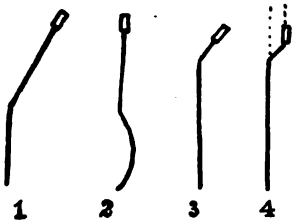
The crepitus, too, which was elicited so markedly upon free movement of the neck rather pointed to another disease.

The word "caries sicca" he believed to be largely a pathological misnomer.

Dr. Taylor agreed with the two foregoing speakers. He thought the patient should have shown more severe symptoms and more tendency to progress were it a case of caries.

The indications for treatment, however, of osteo-arthritis and tuberculosis of the spine were the same as far as protection and support to the diseased vertebrae were concerned.

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Dr. Judson expressed himself as unable to amend his diagnosis. He considered the case as a typical one of cervical Pott's disease and recalled the symptoms in detail. He took the opportunity to call attention to an important sign of disease in this region. Figures 1 and 2 showed how the lordosis accompaning deformity in the dorsal region was unconsciously assumed by the patient for the preservation of his equilibrium. This has been well shown in the photograph exhibited by Dr. H. Gibney at the meeting held on Oct. 19, 1900. In cervical disease, figures 3 and 4, the equilibrium was not seriously disturbed but the necessity of a horizontal visual axis led to extension of the head at the occipitoatloid articulation with the characteristic forward displacement of the axis of the head seen in figure 4 and in the patient who had been presented.

Dr Leonard W. Ely asked if this sign was invariably present.

Dr. Judson replied that in adults it was.

OSTEOTOMIES FOR CORRECTION OF BOW LEGS AND KNOCK KNEES.

Dr. Homer Gibney presented six cases, and described methods employed. Three of these cases shown were very marked anterior curves of tibiae entirely corrected. Tracings, photographs and notes from the records of the Hospital for Ruptured and Crippled were presented.

Dr. L. A. Weigel, of Rochester, said that he was somewhat in doubt as to what constituted a true bow-leg and the proper course to pursue in a certain class of cases. An outline tracing of the leg might show an apparent bowing while a skiagraph would demonstrate that the shafts of the leg bones were straight. He exhibited skiagraphs of two cases to illustrate. In one of the cases the deformity was corrected by osteoclosis, but the skiagraph showed that the legs were straightened by making the bones slightly crooked.

Dr. Townsend agreed with Dr. Weigel about straightening legs often by making them "crooked." He had found frequently that in cases where the deformity was ideally corrected the bones were actually very crooked and his experience with radiographs had been similar to that expressed by Dr. Weigel.

Dr. Taylor wished to call attention to the importance of correcting inward rotation of the tibia in cases of bow-legs. There often exists an inward twist of 20 degrees or more and this could only be obviated by everting the lower fragments at the time of operation. In the cases

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presented by Dr. Gibney he noticed that two of the children showed a marked inward twisting of the feet. Too little attention had been given to this point by operators. Neglect to correct this rotation meant an incomplete correction of the deformity and liability of a recurrence of the bow-leg. He advised breaking the fibula as well as the tibia, well loosening the fragments, twisting the foot out as much as possible—the resulting eversion woult not be too great.

Dr. R. H. Sayre remarked that in one of the cases presented in photograph by Dr. Weigel, the thighs as well as the legs were bowed, and the bowing was accounted for probably by twisting of the neck of the femur as well as the lower part of the femur near the condyles. In many cases the distortion was found close to the epiphyses while the shafts of both tibia and fibula were straight. Operation should be performed at point where deformity existed.

COXA VARA.

Dr. Taylor presented a boy first seen by him in May, 1900, then six years old. He gave the history of having walked at the age of 11 months and of having been lame in the left leg ever since. There was one-half inch shortening of the left leg, the trochanter was elevated one-half inch and the head of the femur could not be felt. The symptoms pointed to coxa vara but he had not known of any other cases of this disease beginning at such an early age. A skiagraph showed that the head of the bone was in the acetubulum and that the neck was bent downward. There was no evidence of rachitis. The leg at present was smaller than the right; abduction and outward rotation were limited, other movements were free; shortening and elevation of the trochanter were the same. There had never been any pain.

Dr. Sayre said he should judge from the skiagraph that there had been a fracture of the neck of the femur and the inability to secure history of traumatism did not necessarily have any weight. The child had not been seen till six years of age and gave the history of walking at 11 months and limping. He judged that this might be a case of fracture of epiphyseal separation.

Dr. Weigel asked if there had been epiphyseal separation would not the action of the muscles have tended to draw the trochanter and shaft upward, the head being retained in the acetabulum.

Dr. Sayre said that would depend on the extent of the fracture, in other words, whether it were complete or not.

Dr. Taylor said that there was a history of several falls, none of them severe or followed by symptoms of injury.

It was evident that coxa vera was present whether as the result of traumatism or malformation.

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Dr. Weigel read a paper on "Skiagraphy in Orthopedies," illustrating his discourse with many negatives adjusted in the X-ray stereoscope which he used. A brief reference was made to the technic of stereoscopic skiagraphy and the advantages over the ordinary method of producing X-ray negatives were fully explained. The technic was not difficult. He considered one of the principal difficulties in skiagraphy the proper interpretation of the negative in the stereoscope. The idea of depth was given which was not apparent when viewing the negative alone. By reversing the negatives in the apparatus the pictures could be viewed from the opposite surface.

Dr. Weigel also presented the subject of "fractures and dislocations in tubercular joints disease," with illustrative skiagraphs.

One of these was a boy who was said to have double congenital dislocation of the shoulders, which proved on careful examination to have been tubercular destruction of the joints, with partial dislocation. On one side an abscess cavity of large size communicated directly with the joint.

In another case involving one elbow joint and forearm the necrotic process gradually attenuated the shafts of the radius and ulna. Eventually a complete separation of the latter bone occurred about one inch below the joint and allowed the bones of the forearm to slide upward and backward.

THE COMPLICATIONS AND DEGENERATIONS OF FIBROID TUMORS OF THE UTERUS AS BEARING UPON THE TREATMENT OF THOSE GROWTHS.

C. P. Noble (Am. Jour. of Obstet., Vol. 44, No. 3), in concluding a paper with the above title, says:

It is gratifying to contrast the results which can be secured through the resources of modern gynecology with those which would follow an expectant plan of treatment. The mortality of hysterectomy and myomectomy is variously estimated at from 2 to 10 per cent. In a series of 345 cases published by myself in 1897, the mortality of hysterectomy by supravaginal amputation in the hands of five American gynecologists was 4.9 per cent.; in a series of 100 total hysterectomies the mortality was 10 per cent. In a collection by Olshausen of 806 cases of supravaginal amputation, the mortality was 5.6 per cent., contrasted with a mortality of 9.6 per cent. in a collection of 520 cases of total extirpation. According to Bishop, Mr. Christopher Martin reports 35 cases of total extirpation, with a mortality of 2.8 per cent.; Doyen 60 cases, with a mortality of 2.6 per cent.; A. Martin 81 cases, with a mor-

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tality of 7.4 per cent. The advocates of vaginal hysterectomy for fibroid tumors report equally as good, if not better results.

The results of myomectomy indicate that enucleation is a more dangerous operation than hysterectomy, although in the hands of trained men the results are excellent. Kelly reports 97 myomectomies, with 4 deaths. This is to be contrasted with 307 hystero-myomectomies, with 15 deaths, or a mortality of 4.8 per cent.MacMonagle reports 65 cases of myomectomy, with no death.—Memphis Med. Monthly.

TETANUS.

Maschcowitz, Boston Medical and Surgical Journal, in a paper which he read at the meeting of the New York County Medical Society, summarizes his views as follows:

1. All forms of tetanus are caused by the bacillus of Nicolaier; hence the diagnosis of rhemuatic or idiopathic should have no room in our nosology.
2. The tetanus toxins appear to have a distinct affinity for the anterior horns of the spinal cord, which may be distinctly recognized by Nissl's method of staining.
3. The cerebro-spinal fluid of tetanus patients is more toxic than the blood.
4. The antitoxin thèrapy appears to have a distinct influence upon the course of tetanus.
5. With the antitoxin treatment the mortality percentage has been reduced from about ninety per cent. to forty per cent.
6. Although the use of the serum is the most important factor in the treatment of tetanus, the other recognized therapeutic measures should not be neglected.—Texas News.

PASTEUR.

In a life of Pasteur, published in Paris, attention is called to the fact that the man who was destined to revolutionize chemistry came in fourteenth in the list of twenty-two candidates at his high school in Dijon, and was marked "weak" in chemistry. His researches in regard to the disease of silkworms are said to have been the means of saving France a sum equal to that paid to Germany as a price of peace. He made no attempt to obtain a legitimate profit from the commercial application of his labors.—American Medicine.

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Abstracts.

The Treatment of Chronic Intestinal Catarrh.

In the International Medical Journal for August, 1901, Reed asserts that the dietetic is the most difficult part of the treatment, and the most important. An almost exclusive diet of meat with a very free use of hot water—the pulp of lean beef or finely hashed beef or mutton, with just enough of lettuce or celery to act as a relish, and a slice or two of stale bread and butter daily—kept up for a few weeks, will often accomplish brilliant results in controlling catarrh, either gastric or intestinal; but there are important contraindications to such a regimen. When a dilated stomach, or one with a very poor motor power, co-exists, as often happens, the large amounts of water will disagree unless given one glass at a time, and sometimes even then. When there is a very feble heart, the superabundance of fluid involves dangers, and when the heart is enfeebled by gouty conditions—that is, overtaxed by forcing the blood through arterioles contracted by the alloxuric bases and other poisons produced in lithemia—there is the added danger that the overplus of meat will aggravate. Moreover, in patients having rheumatism or arteriosclerosis, as in the case of so many elderly persons, the meat diet often proves harmful.

But even in persons in whom no such contraindications appear it is not always safe, and the writer reports the case of a young lady who became insane as a result apparently of such a diet after a few weeks' use of it; and in any case it can scarcely be continued in a strict form longer than three or four weeks. Perfect nutrition demands a proportion of about three-fifths carbohydrates and one-fifth fats in the diet, and if the system be long denied a due allowance of these, the metabolism is disturbed.

When the meat diet does not suit, or when the intestinal catarrh persists, after trying it for a sufficient length of time, the best reliance will be upon good stale white or whole-wheat bread (not very coarse bran or brown bread) and butter, together with other cereal foods in a dry form, so as to require thorough mastication and insalivation. thoroughly cooked rice and gluten preparations are allowable. Eggs, except when fried, can also be eaten once or twice daily, and good fresh lean fish may be taken. Fresh milk and a small or even moderate amount of cream are generally well borne, though there are cases in

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which they wholly disagree, and Boas taboos milk entirely in this affection. Scraped or hashed meat once or twice a day is desirable in most cases, and sometimes steak, chops, or even tender broiled ham in small quantities, well chewed, agree perfectly. Sugar and the fruits always aggravate in the severer cases, and when there is diarrhea should be rigorously prohibited. The vegetables are nearly as bad, and though a little celery, lettuce, asparagus tops, or even baked white potato, may not always seem at once to disturb, much of them at one time usually does, and the potato especially is likely to increase the fermentation. Summer squash, pumpkin, egg-plant, etc., may be cautiously tried in the lighter cases with constipation. All vegetables agree best in purees; most of them are positively hurtful in well marked cases of intestinal catarrh. As to beverages, alcohol should be generally avoided, but tea and coffee may be allowed in moderation, provided the patient be not lithemic. Chocolate and cocoa disagree on account of their accompanying sugar and large content of fat. Cereal coffee and hot water flavored with milk or otherwise to suit the taste are safe drinks, and in Europe a little claret is often allowed when the gastric juice is deficient. Iced drinks are injurious.

As to the other parts of the treatment, it is impossible to outline any definite course which will cure all cases. Indeed, in no field are experience, diagnostic acumen, an intimate knowledge of all the remedial measures, good judgment, and especially patience, so indispensable.

The fundamental requirements are to bring up the nerve tone and improve the circulation in the intestines by whatever means will best succeed. The most practicable and effective are, in general, the milder forms of outdoor exercises, including golfing, rowing and horseback riding, together with massage (except when there is hyperchlorhydria, or spastic condition of the bowels), electricity, and hydriatric procedures, such as colonic flushing with mild antiseptic or astringent solutions, and wet packs and jet douches to the abdomen. An equally important thing is to secure good drainage—perfect eelimination through the bowels, kidneys and skin. This can often be accomplished by the above named measures and drinking freely—even copiously sometimes—of pure water, when this is not otherwise contraindicated. In some cases, however, a cautious use of the gentler and least irritating laxatives, such as olive oil, by mouth or enema, cascara sagrada, sulphur, or the salines (especially the phosphate or sulphate of sodium), will best effect this object. It is nearly always indispensable that there should be one complete evacuation every day, or at least every other day, but if possible this should not be loose—never watery. Even in

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the cases in which constant diarrhea has become established, flushing the colon with a normal salt solution, followed by injections of antiseptics, and when necessary also an astringent, such as a teaspoonful of bismuth to the pint of tepid water, nearly always gives better results than opiates and astringents by the mouth. These last are rarely necessary even temporarily, and used for long always do harm. Dr. Deardorff, of San Francisco, recommends in chronic colitis the injection every other evening of several quarts of a normal salt solution, and on the alternate evenings the following:

℞ Acidi carbolici, ʒiss;
Glycerini, fʒiij;
Listerin (vel. euthymol), q. s. ad fʒvj.

M. Sig.: Add two tablespoonfuls to two quarts of cool or tepid water and inject every other evening.

This has been used in numerous cases, with excellent results in nearly all. When there is persistent diarrhea, the massage should be light or omitted, and so also when there is constipation of spastic origin. The milder astringents, such as bismuth, need also to be given by the mouth when the bowels are persistently loose. In all stubborn cases the stomach should be tested by washing out or extracting the contents four to six hours after a meal, to ascertain the degree of gastric motor power and the character of the chyme being delivered into the intestines—whether or not well digested, and whether irritating from an excess of either free HCl or organic acids resulting from fermentation. When in this way we find the stomach contents excessively irritating from a too high acidity, we will naturally need to remove such a cause of the intestinal trouble before we can hope to effect a cure. The appropriate treatment of the gastric disease will need to be illustrated, and if there be much stagnation, gastric lavage for a time will be indispensable.

Supposing the cause or causes to have been removed, the remedies already mentioned will rarely fail to control the symptoms except in the severest cases. When one or two loose stools recur every morning, very small doses of podophyllin—gr. 1-100 every three to four hours—act most happily in restraining it, and sometimes one-tenth-grain doses of calomel every two to four hours prove the most efficient means of stopping the offensive diarrhea which results as a complication from taking cold, or more often from some imprudence in diet. The same small doses of calomel given for one or two days each week, or until biletinged stools result, are frequently more curative in chronic intestinal catarrh than any other medicine.

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Car and Sea Sickness,

Many persons cannot be induced to take a voyage across the sea be cause of the great suffering which comes in the way of sea sickness. There are others who cannot ride on the cars without experiencing the same discomfort. This infirmity adds to the burdens of this life very much and many people would give anything to gain exemption from this trouble.

Experience has proved that if these patients can take a nerve sedative and this long enough before going on the cars they will not suffer with emesis until the action of that agent has worn off. But frequently after sedative has been secured the patient will experience relief all the way.

Another matter of importance in treating these patients is to see to it that they take easily digested foods during the voyage, or before going on the cars. Thee bowels should also be acted upon freely, and the patient should take some agent which will act as a gentle laxative. In fact the three indications to prevent and to cure sea or car sickness are—the regular employment of non-injurious sedative to the nervous system, the maintenance of a correct diet, and the use of a mild laxative that will keep the bowels acting freely, but which will not purge the patient.

In carrying out the first and third indications I rely upon Daniel's Conc. Tinct. Passiflora Incarnata. This agent is an especially valuable nerve sedative, and it is also a mild laxative—which keeps the bowels in normally loose condition without weakening the patient by too free purgation. It is my custom to give this remedy in doses of a teaspoonful every three hours. Taken in this way beginning a day before voyage is undertaken and continued until the ship is about eighteen or twenty-four hours we will rarely ever have our patient suffer with sea sickness. It is, however, advisable to have our patient as a precautionary take the remedy for several days longer in doses of a teaspoonful every two or three hours. Daniel's Conc. Tinct. Passiflora Incarnata does not interfere with digestion or produce any other bad effects as do the bromides and other remedies which are frequently resorted to in the treatment of this condition.

In fulfilling the second indication it is well for the physicians to give the patient explicit directions in regard to eating. Only foods known to be of a digestible nature are to be eaten. Some patients, we will find out by questioning, will only long for foods which are difficult to digest. If we will explain to these patients that prolonged or difficult digestion adds to the irritability of the stomach and in this way tend to make the trouble more pronounced we will find that most patients will follow our advice. It is my custom to copy the diet list of

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food admissible in dyspepsia given in works on dietetics and give it to the patient. These lists comprise the foods which should be eaten and which are to be avoided, and have proved of the greatest value.

Daniel's Conc. Tinct. Passiflora Incarnata is agreeable to the palate and has none of the injurious after effects common to the bromides and drugs of that class.

While Daniel's Conc. Tinct. Passiflora Incarnata is being taken the patient does not suffer with headache. Those patients who suffer with frequent attacks of sick headache (hemicrania) will find exemption from this affliction. This exemption of these patients from headache is due to the action of the remedy as a nerve stimulant and laxative. In all forms of headache, the action of Daniel's Conc. Tinct. Passiflora Incarnata, however, has been found to be most beneficial.

Given in doses of one to two teaspoonsful every two to four hours we generally obtain its prompt action.

Tetanus and Vaccination in Camden.

The recent occurrence of a number of cases of tetanus in Camden, New Jersey, "following vaccination," has stirred up unnecessary alarm in the community, and will no doubt be turned to the utmost account by the antivaccination agitators. Their lurid portrayal of the dire results of vaccination and their fervid citation of the Camden cases in support of their contention we must expect, but it is our duty to meet fanaticism with pure reason. Fortunately, one of the particular facts that are reported to be giving rise to widespread apprehension is really a fact that of itself alone ought to suffice to allay fear. The good people of Camden are represented as saying to themselves: "Persons who have been vaccinated are coming down with tetanus two and even three months after the vaccination. When can we feel ourselves safe?" This very lapse of time ought to teach them that the tetanus was, indeed, "following vaccination," but in no wise connected with it. Most of the ills that men suffer from "follow" vaccination, longo intervallo, for vaccination does not purport to protect people against anything but small pox. The period of incubation of tetanus rarely exceeds two weeks, and when tetanus declares itself at a time more remote than that from the vaccination, it may safely be said that the germ of the disease was not inoculated with the vaccine.

Like any other wound, of course, the abrasion made in the operation of vaccination may subsequently be infected with the germ of tetanus. That micro-organism is undoubtedly running riot in Camden at the

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present time, and we should not advise anybody living in the vicinity to be vaccinated until the infection has disappeared; we should not advise it even in a case of exposure to small pox, for the mortality of small pox, high as it often is, is almost insignificant in comparison with that of tetanus. But this advice we do not base on the slightest apprehension of contamination of the vaccine with the germ of tetanus, but on the fact that any abrasion, cut, or solution of continuity of any sort implicating the integument or a mucous membrane may prove the point of lodgment of the pathogenic organism. The sanitary officials are reported to have forbidden physicians to perform any more vaccinations for the present. Such an order, supposing it to have been issued, may be arbitrary, but it certainly ought to be scrupulously obeyed. Moreover, so long as tetanus is present, there should be a total suspension of surgical operations of every sort save those that are imperative. Even such mild measures as curetting and the raising of a blister it would be well to avoid. When we make the sweeping statements it will be seen how thoroughly we recognize the element of traumatism in the causation of the Camden cases of tetanus and how utterly we deny the agency of vaccination as such, that is, as regards any contamination of the vaccine employed. It came from different sources, and on one purveyor's product was used exclusively in the cases in which tetanus followed. In short, there is not the ghost of a reason for regarding the vaccine as the cause of the disease.—New York Medical Journal.

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Pulmonary Oedema, Acute

Treatment.—If the pulse is full and the heart acting vigorously, the spasm of the minute arterioles can be as readily relieved by nitroglycerin or morphine as by the depressing effect of the abstraction of blood. If the immediate origin of the trouble is the weakened muscle of the heart, showing its feebleness by frequent, irregular, and inefficient contractions, with a small and fluttering pulse, one should give at once under the skin 1-100 grain of atropine sulphate, with 1-50 grain of strychnine sulphate. This is to be inserted just below the clavicle in order to reach the heart with the least loss of time. While this is being absorbed attention can be given to preparations for venesection, if it should prove necessary. Atropine rapidly contracts the vessels, stimulates powerfully the sympathetic system, increases the force of the heart's beat, raises arterial tension, stimulates the respiratory centers, and dries up the secretions of the skin and mucous membranes. The dose required is whatever may be sufficient to produce

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its physiological effect, easily gauged by watching the amount of dilatation of the pupil. It is safe to begin with 1-100 grain, and repeat in a half-hour or at longer intervals, until the system is well under its influence. Charles O'Donovan (Amer. Med., Sept. 14, 1901).

Health Officials and Politics

A public officer whose duties involve either technical work on his own part or the exercise of judgment founded on such work performed by others should be chosen without the slightest regard to his political opinions or his party affiliations. He should, of course, be the best available man for the office, and so long as he continues to answer that requirement he ought to be free from the least chance of supersession for any reason whatever. All medical officials are such officers, and those of them who are in high places, as well as those of subordinate rank, ought to be as secure in their tenure as a civil service appointee or a medical officer of the army or the navy. These remarks, we take it, will incur no opposition or dissent, save such as may be founded on self-interest or rank partisanship. They are called forth by something that is reported to have been said at a recent meeting of physicians held in Buffalo for the purpose of eliciting the feeling of the medical profession of that city concerning the management of the sanitary affairs of the city by Health Commissioner Ernest Wende.

One of the speakers is reported to have said: "When the ptople of Buffalo elected Erastus C. Knight by over 5,000 majority, they did so with the expectation that Dr. Wende would be removed from office. * * * * In view of this fact, I think we ought to centre our energies on procuring the appointment of the best candidate available among the Republican ranks, instead of wasting useless exertion on

One of the speakers is reported to have said: "When the people of a forlorn hope." According to the Buffalo Express, these words called less there were many Republicans at that meeting, but almost all of them, so far as we can infer, divested themselves of party feeling, sinking it in loyal devotion to professional honor. It is reported that there were a few votes in the negative on Dr. Stockton's resolutions calling on the mayor-elect to reappoint Dr. Wende, but nobody spoke against them, except the gentleman whose statements we have quoted.

We are not urging the reappointment of Dr. Wende, although we have reason to regard him as an exceptionally intelligent and devoted sanitarian, for we believe that it is not well, as a rule, for a medical journal to advocate the choice of any individual as a public officer, but we have no hesitation about stating our belief that the people of Buffalo did not elect Mr. Knight for the purpose, among others, of terminating Dr. Wende's tenure of office. The incumbency of a health

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commissionership is not usually a burning question in an election, and, even if it was expected that Dr. Wende's supression would be one of the results of their electing Mr. Knight, we give the people of Buffalo credit for mingling regret with the expectation. The result of the election was probably brought about by considerations having nothing at all to do with Dr. Wende's office. We are encouraged by the action of this meeting of Buffalo physicians to hope that the vicious doctrine embodied in the saying "to the victors belong the spoils" is doomed to repudiation before many years, and great will be our satisfaction in reflecting that the medical profession helped pow erfully to bring about such a result.—New York Medical Journal.

The Tetanus Cases in St. Louis.

The report of the committee of bacteriologists who have been engaged in the study of the fourteen deaths from tetanus which occurred in St. Louis recently following the administration of diphtheria antitoxine, while outspoken in placing the blame upon the authorities under whose direction the antitoxine was prepared, is reassuring to those who may have been tempted to doubt our bacteriological methods in view of the lamentable results following the use of diptheria antitoxine in the St. Louis cases.

This committee, whose conclusions are published in another column, finds that the deaths were caused, not by germs or spores of tetanus, but by the introduction of tetanus toxine already formed. A careful test of the toxicity of the serum showed that the dose of serum (ten cubic centimetres) contained but little more than a fatal dose of the tetanus toxines for a child weighing fifty pounds. The committee specifically charge the health department with having issued some of the antitoxine drawn on Sept. 30th from a horse which on Oct. 2d showed symptoms of tetanus, and it is further charged that a portion of the serum labeled as having been drawn on Aug. 24th was in fact drawn on Sept. 30th. Serum dated Oct. 23d came into the possession of the committee on Nov. 1st, an interval too brief for any animal experiments to have been made with it, and the committee is of the opinion that the serum drawn on Sept. 30th may have been issued before there was time to perform the simple tests neces sary to determine its antitoxic potency.

In all of this there is nothing calculated to shake one's faith in the reliability of our bacteriological methods. The errors charged are errors of carelessness and not of ignorance. No hitherto unforseen dangers were discovered in the investigation, but the accuracy and reliability of the results obtainable by the modern bacteriologist were

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admirably illustrated by the character of the work done by the committee. The one lesson taught by the sad occurrence is the need for the use of careful, painstaking, scientific methods in every step in the process of preparing these potent remedies, and, as we have already said, we believe that such work should properly be left to private enterprise and not to public officials.—New Medical Journal.

Adenoids in Infancy, Diagnosis of.

The objective symptoms are peculiar facial expression, mouth-breathing, snoring at night and noisy respiration during the day, vocal changes, abnormal and excessive nasal secretions, sneezing and reflex neuroses, chest deformities, and spinal curvatures. The subjective symptoms are headaches, stuffy feeling in the nose, dryness of mouth and throat (especially in the mornings), sore throat, impairment of the taste, inability to concentrate attention (wih more or less stupidity and depression), earaches, deafness, and tinnitus.

Of the symptoms enumerated, mouth-breathing and snoring may exist without adenoids being responsible; and also adenoids may be present without causing any obstructive disturbance in the upper air-tract.

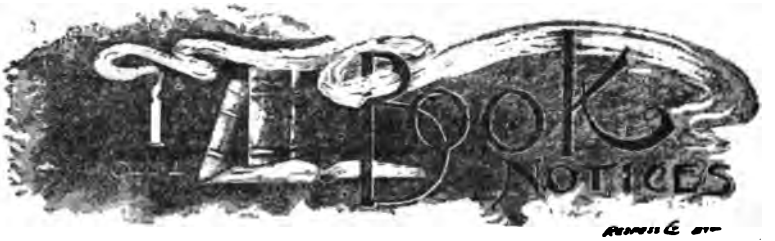
The age of three years and under may be taken as the period of infancy. During a recent examination of 437 infants under three years of age, 45 were found under seven months old who had some nasal obstruction; but in no child under three months was the obstruction due to lymphoid hypertrophy in the nasopharynx.

The following conditions may cause respiratory obstruction simulating that caused by adenoids in the naso-pharynx of infants under six months:

1. Lymphatism and lithaemia.
2. Syphilitic or gonorrhoeal rhinitis.
3. Congenital atelectasis.
4. Digestive disturbances.
5. Congenital highly arched palate.
6. Very small or occluded nostril or nasal passages.
7. Unusually small post-nasal space, with large Eustachian eminences.
8. Marked anterior projection of the bodies of the cervical vertebrae
9. Some malformations of the soft palate.
10. Hypertrophy of the tongue.

Some of the conditions enumerated are rare, but all have occurred in personal experience, and should be given consideration in every case where the cause of obstruction is not evident. W. F. Chappell (Laryngoscope, September, 1901).

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PRACTICE OF MEDICINE. By Eminent Medical Specialists and Authorities. Edited by George Alexander Gibson, M. D., D. Sc., F. R. C. P. Ed., Physician to the Royal Infirmary, Edinburgh Complete in two volumes, 1770 pages, 8vo. Illustrated. Philadelphia: J. B. Lippincott Company, Publishers. Price, cloth, $8; sheep, $10.

The work before us is one that will interest the medical profession of this country, perhaps as much as any work on the general subject of the practice of medicine which has been published in recent years After looking it over we take pleasure in calling the attention of the readers of the Journal to it and here add the following from the author:

"A considerable lapse of time has occurred since the publication in this country of a text-book similar to that now submitted to the pub lic. The advances in every branch of medicine have during the interval been so great as to create a want for a work reflecting modern English teaching, and it has been felt that this can be most satisfactorily met by the united efforts of several writers who represent different important schools in the United Kingdom. In arranging the scheme and determining the scope of the work, certain points have demanded consideration, and it has by no means been easy to arrive at a decision regarding them. The wisdom of including a preliminary discussion of general etiological and pathological problems, by way of introduction to the more practical portion of the work, has been carefully weighed, and the conclusion reached that such a section would be of real utility. The position of cutaneous diseases has also been a subject of anxious deliberation. Although fully recognizing that in every medical school Dermatology ought to have the thorough teaching which can only be given by a specialist, it has seemed inexpedient to exclude diseases of the skin from a text-book on the Practice of Medicine. Another matter requires a word of remark. Certain symptoms, occasionally dignified by the title of separate diseases, will be sought in vain under individual headings, but will be found as parts of the subjects to which they properly belong."

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BOOK NOTICES

NOTHNAGEL'S ENCLYCOPEDIA OF PRACTICAL MEDICINE. Edited by Alfred Stengel, M. D., Professor of Clinical Medicine in the University of Pennsylvania. Visiting Physician to the Pennsylvania Hospital.

It is universally acknowledged that the Germans lead the world in Internal Medicine; and of all the German works on this subject, Nothnagel's "Encyclopedia of Special Pathology and Therapeutics" is conceded by scholars to be without question the best system of medicine in existence. So necessary is this book in the study of Internal Medicine that it comes largely to this country in the original German. In view of these facts; Messrs. W. B. Saunders & Company have arranged with the publishers to issue at once an authorized edition of this great encyclopedia of medicine in English.

For the present a set of some ten or twelve volumes, representing the most practical part of this encyclopedia, and selected with especial thought of the needs of the practical physician, will be published. The volumes will contain the real essence of the entire work, and the purchaser will therefore obtain at less than half the cost the cream of the original. Later the special and more strictly scientific volumes will be offered from time to time.

The work will be translated by men possessing thorough knowledge of both English and German.

Each volume will be edited by a prominent specialist on the subject to which it is devoted. It will thus be brought thoroughly up to date.

The American edition will be more than a mere translation of the German; for, in addition to the matter contained in the original, it will represent the very latest views of the leading American specialists in the various departments of Internal Medicine. The whole system will be under the editorial supervision of Dr. Alfred Stengel, who will select the subjects for the American edition, and will choose the editors of the different volumes.

Unlike most encyclopedias, the publication of this work will not be extended over a number of years, but five or six volumes will be issued during the coming year, and the remainder of the series at the same rate. Moreover, each volume will be revised to date of its publication by the American editor. This will obviate the objection that has heretofore existed to systems published in a number of volumes, since the subscriber will receive the completed work while the earlier volumes are still fresh.

The usual method of publishers, when issuing a work of this kind, has been to compel physicians to take the entire system. This seems to us in many cases to be undesirable. Therefore, in purchasing this encyclopedia, physicians will be given the opportunity of subscribing

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for the entire system at one time; but any single volume or any number of volumes may be obtained by those who do not desire the complete series. This latter method, while not so profitable to the publisher, offers to the purchaser many advantages which will be appreciated by those who do not care to subscribe for the entire work at one time.

This American edition of Nothnagel's Encyclopedia will, without question, form the greatest system of medicine ever produced, and the publishers feel confident that it will meet with general favor in the medical profession.

PHYSICIANS VISITING LIST (LINDSAY AND BLAKISTON'S) FOR 1902. Fifty-first year of its publication. P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia.

It is unnecessary for us to do more than call the attention of our readers to this popular visiting list. To say that it is one of the best and most convenient books is merely to repeat what we have said from year to year, but the "List" for 1902 is all that could be expected of a visiting list. Every doctor in Alabama should get one.

A SPECIFIC IN CATARRH.

The real and doubtful remedies in this unbiquitous disease are positively legion, and if Germiletum did not possess exceptional and specific scientific merits which will at once command the attention of the thoughtful, we should hesitate to mention catarrh, that bugbear of the medical profession. It is well known that the saliva, lachrymal secretions, and most of the secretions of the upper alimentary and respiratory passages are alkaline in character, the saliva markedly so. Germiletum, being slightly alkaline (no acid reaction) and so strongly antiseptic its special utility is conceded. The experimental and clinical observations on these lines so fully confirm anticipations that a faithful and impartial trial of Germiletum is only requested to demonstrate its superiority, whether in nasal, aural or pharyngeal catarrh. Manifestly all forms are due to the ravages of micro-organisms. Germiletum effectually kills germs, while nature only restores the normal state. Use one part Germiletum to six parts of warm water as a wash, gargle or with an atomizer, three or four times a day.

PHYSICIAN—Good location; desiring to move to city I offer a splendid location to a physician who will purchase my house and lot; nearest competition 6 miles; fine country; nice people; average cash collections for ten years, $2 242.55 per annum. For particulars address M. D.

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THE ALABAMA
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Original Communications.

THE FUTURE OF THE NEGRO FROM THE STANDPOINT OF THE SOUTHERN PHYSICIAN.

By SEALE HARRIS, M. D.,

UNION SPRINGS, ALA.,

Health Officer of Bullock County, President of the Bullock County Medical Society, Vice President of the Tri-State Medical Society of Georgia, Alabama and Tennessee, Member of the American Medical Association, etc., etc.

On July 7th, at Tuskegee, Ala., by invitation of the Macon County Medical Society, I read a paper, entitled "The Future of the Negro from the Standpoint of the Southern Physician," in which I called attention to the rapidly increasing deathrate, and decreasing birthrate of the negro race. I mentioned some of the causes for these conditions and offered some suggestions for their relief. I am not aware that any paper on this line has ever been read before the Tri-State Medical Society, and believing that I present facts of great importance to the southern people; and facts which are well known but not given the proper consideration by students of the race question, I lay before you some data and ideas which I hope will be fully discussed by the representative physicians of the typical Southern States of Georgia, Alabama and Tennessee.

Though today I call attention to the dark side of the negro race, I desire to declare my friendship and sympathy for this unfortunate people, who through no fault of their own, are here as the "white man's burden." I treat hundreds of patients among them every year, many of them without pay or hope of reward. In my heart I would

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be glad to see the negro strong, prosperous and contented and will aid to the best of my ability ever movement to that end; but after six years experience as health officer and practising physician in a county where the blacks outnumbered the whites four to one, I am saddened by watching the ravages of tuberculosis, typhoid fever, syphilis and other diseases upon this generally kind-hearted and inoffensive race. I greatly fear that the American negro will never become firmly established in the right methods of living before disease and death will have so thinned his ranks that there will be no race problem.

Without going into a discussion of the justness of the southern cause I will say with the lamented Henry W. Grady: "I am glad that Almighty God held the balance of battle in his Almighty hand, that human slavery was swept forever from American soil, and the American Union was saved from the wreck of war," though I greatly question whether the negro has been benefitted in any way by his emancipation.

I regret that I cannot go fully into the history of the American negro from the time when the English slave traders over the protest of the majority of southern planters, brought the African savages into the sunny climes of the South because it was found that they could not thrive in the cold freezing winters of New England. I will dwell on the fact that before and long after Massachusetts had freed her handful of slaves because slavery was unprofitable, the South tried in vain to have the African slave trade abolished because she had enough negroes, but the slave traders were from New England, and their representatives in Congress voted with their interests.

The southern planters finding that the negro was adapted to plantation work in this climate, and that he was valuable as property, and his increase even more valuable, gave him the best hygienic surroundings possible. He was given plenty of simple, nutritious, and well prepared food; sufficient outdoor exercise; his hours for sleep and recreation were sufficient and regulated; he was well clothed; forced to keep clean; was comfortably housed (the plantation quarters were built on the present pavilion plan for hospitals); when sick he was well cared for and promptly given the best medical attention; his Sundays were spent in rest and church worship, in short, he was given everything that tended to promote health, bodily vigor, and long life. The matter of marriage was regulated not on sentiment alone, but with the view of producing large, healthy and able-bodied families. The defective and unhealthy were forbidden marriage because the slave owner realized that offspring from such parents meant only pro-

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longed trouble and expense to him. Marriage among the strong was encouraged, and a premium given the black mother for every healthy child she bore; and I am sorry to say that in many cases marriage was not required or expected of the mothers. Under such circumstances it can easily be seen how the negro grew so rapidly in strength and numbers; and when we consider that only one or two centuries ago, his ancestors were savages, perhaps cannibals, his morals were also wonderfully improved. If the rate of increase of the negro for the first hundred years of slavery had been maintained up to the present time we would have a negro population of 26,000,000.

It is a fact that before the war the negro deathrate in the South was less than that for the whites. As an illustration, in Charleston, South Carolina, from 1822 to the beginning of the war, the average white deathrate was 25.98 per thousand; for the blacks, 24.05 per thousand. The same was true for all other southern cities whose statistics I have seen. I have seen no statistics for the rural districts before the war, but while no doubt lower than the city deathrates, the proportion as to the races was about the same, or more favorable for the negro.

Now let us compare these statistics with those after the war, and we find in the city of Charleston, from 1865 to 1894, the average annual mortality for the whites was 26.77 per thousand; for blacks, 43.29 per thousand.

The annual report of the city health department of Baltimore for 1900, shows the deathrate for the whites as 17.48 per thousand; for the colored, 33.42 per thousand. In the city of Atlanta for the year 1900, the annual mortality rate for the whites was 11.59 per thousand; for the blacks, 19.50 per thousand. The city of Augusta, Ga., for the year 1899, gives a white deathrate of 10.50 per thousand, while the negro deathrate was 31 per thousand. The recent statistics which I have seen of other cities of the South, show a negro deathrate of two to three times that of the whites, and I know of no southern city where the negro birthrate equals their deathrate.

Union Springs is perhaps an average of southern towns, certainly the white deathrate would make it appear to be a healthful place, and no doubt the negroes there are in as good condition as in any other towns of the South. I have kept the statistics there for the past six years, and I believe that almost, if not every death and birth that occurred there during that time has been reported and recorded. I therefore feel that the vital and mortuary statistics for Union Springs are nearly absolutely correct.

For the past six years the average annual deathrate for the town

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of Union Springs for the whites was 11 per thousand; for the blacks, 31.17 per thousand.

As to the conditions which are responsible for the large deathrate among the blacks in Union Springs—and the same will apply to nearly all southern towns and cities—I will quote from my first annual report as health officer, that for the year 1895: "They (the blacks) are poorly fed, improperly clothed, and their homes are located on the lowlands in the suburbs of the town, where the dampness of the atmosphere predisposes to tuberculosis and where all the filth and impurities of the town drain directly into their wells and streams, contaminating their only source of water supply. With such surroundings and an utter lack of regard or appreciation for the laws of health they become very susceptible to all forms of disease, particularly typhoid and malarial fevers and tuberculosis; and for the same reasons their tissues having less powers of resistance to the ravages of disease, they fall easy victims to the "fell destroyer."

One-fifth of all the deaths in Union Springs (year 1895) were due to tuberculosis and all occurred among the blacks—a larger deathrate among the blacks from tuberculosis alone than the total white deathrate. Statistics show, and old slave owners affirm, that tuberculosis was of comparatively rare occurrence among the slaves; and after less than two generations we have so large a deathrate among the negroes from this disease. When we take into consideration the habits and environments of the negroes all over the country and the part that heredity plays in the predisposition to and production of this disease, truly it seems that tuberculosis will be a potent factor in the solution of the negro question. In my last annual report I noted some observations and deductions which have some bearing on the question and I will quote that part of my report. Below I present summaries of the deaths and births for the year 1900:

White deaths, 19; white deathrate, 19.00 per thousand.

Black deaths, 53; black deathrate, 52.11 per thousand.

White births, 22; white birthrate, 22.00 per thousand .

Black births, 27; black birthrate, 26.54 per thousand.

You will note the enormous deathrate of 52.11 per thousand among the blacks as well as their excess of deaths over births, a condition which was never seen until recent years. The deathrate among the negroes is unquestionably increasing at an alarming rate, and quoting an inelegant but forcible expression from an eminent evangelist:

"The three D's, Dirt, Disease and the Devil," will, in my opinion, be the principal agents in settling the question which faces the South.

"The negroes as a class have absolutely no conception of personal

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hygiene, and the great majority of deaths (more than 75 per cent., according to my report) among them, occur without medical attention and almost without any effort whatever to stay the hand of disease.

"One-third of their births are reported as being illegitimate, a fact which merely suggests the degree of immorality among them. Contrast this with the fact that among the whites less than one-half of one per cent. of the births are recorded as occurring out of the bonds of wedlock."

Reports from all over the South show about the same proportion of illegitimacy among the negroes. In the city of Washington, 26.5 out of every 100 negro births are illegitimate. Now regarding the mortality among the negroes in the rural districts, I regret that I have not been able to procure accurate statistics, for the reason that over three-fourths of the negro deaths occur without medical attention and almost every plantation has its own graveyard or cemetery in which every year are interred numbers of their dead whose taking away is never known beyond the limits of the plantation. I estimate that I have reported to me probably one-half of the deaths that occur among the negroes in the country districts. I am sure that their rural deathrate is not so high as in the towns and cities; but I am convinced that even in the country their deathrate is nearly or quite as large as their birthrate.

In the county of Bullock exclusive of the town of Union Springs for the year 1900, the number of white deaths was 52; white deathrate, 10.26 per thousand; the number of black deaths was 303, black deathrate 15.19. White births 122, white birthrate 34.08 per thousand; black births 630, black birthrate 31.57.

Out of the 630 births among the negroes not over 10 were attended by physicians, so with such "lying in" attention we would expect a very high infant and puerperal mortality among them; but these deaths I cannot get the midwives to report, as they consider it a reflection on their skill (?) to have a death of either mother or child.

I regret to state that I do not give much credence to the mortality statistics of the 1900 census, as the enumerators who were hurried in their work, certainly in some instances, did not make the same efforts to get the reports of deaths that they did to swell the number of names of the living on their rolls—they were paid better for the latter. One of the enumerators of Bullock county told me that in his district he had record of only nine deaths, when for the same district for the same time, I had reports of 39, and I am quite sure that there were a number of deaths in that district which were never reported to me. The census report of population for my section of Alabama I believe to be thoroughly unreliable and without value.

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In my former paper, which was written before the census bulletins relative to race population were issued, I stated that from 1890 to 1900 an increase in the negro population was to be expected, and the expectation has been realized. Some argue that this increase, which is about in the same proportion as from 1880 to 1890, proves that the negro is improving every year; but if that increase has been at the expense of the moral and physical well being of the race, a condition which statistics cannot disprove, when the pendulum swings the other way, as it must surely do, or all our views of hygiene and heredity are set at naught, the increase in the defective and diseased classes will only hasten the final destruction of the race.

Granting that the census reports are absolutely correct, though personally I do not think they are accurate enough to be of much value, we would expect a race of slaves when suddenly given absolute freedom, to show a rapid increase in birthrate and this they have done to the limit. The negroes have had every opportunity and license to enjoy full sexual gratification without regard to the laws of man or God, and without thought of the future strength of the race. Though reports on criminality show a fearful increase of crime among them —there was an increase of 26 per cent. of criminals among them from 1880 to 1890—they do not include the crime of illicit sexual intercourse, as that is an offense for which the law does not hold the colored population accountable. I have never known of a negro convicted of adultery, yet one-third of their births result from criminal copulation. Nature abhors promiscuous sexual intercourse and the abuse of the organs of reproduction will certainly result in their becoming functionless. The divine laws that "the wages of sin is death" and "the sins of the father shall be visited upon the children even unto the third and fourth generation," are as true today as when written several thousand years ago, and would be sufficient to stop reproduction in a race where licentiousness is so riot. It seems to me from my observations in several thousand cases treated among the negroes in the last six years, that tuberculosis, syphilis, typhoid and malarial fevers are almost as prevalent among the negroes who live in the country as those who live in the towns. I am quite sure that the majority of them have not the proper food and clothing and that their houses are not sufficiently comfortable to maintain health. The average family is allowed from $5 to $10 per month for clothing and provisions. They are supposed to raise sufficient food-stuff for their stock, but very few of them do so. They have also to provide food for a mule or horse out of this pitiful allowance. These conditions appear deplorable, but the advancing merchant or banker allow them to have

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as much as they will pay back; and even with such meager advances, at the end of the year the merchant or banker is frequently the loser. I am sure that very few of the negroes in the country have a proper variety of food and very many of them do not have a sufficient quantity of the kind they get. If such lack of nutrition, with the worst possible carelessness pertaining to all matters of health, does not invite tuberculosis and allied diseases, then I know of no conditions that will; and in the next twenty-five years I expect to see those diseases play fearful havoc among the colored race.

If syphilis was one of the great causative factors in the extermination of the American Indian it would seem that it would play the same part in this and future generations of the negro race. It is certainly one of the most common diseases among them. I believe that I do not exaggerate when I say that over 50 per cent. of the negroes in the United States above the age of 25 have been afflicted with syphilis and I have never known a patient among them to carry out the proper treatment as prescribed by the best syphilographers. I have known plantations, inhabited entirely by negroes, where almost every man and woman had had syphilis.

Syphilis rarely kills directly, but its effect upon fetal and infant mortality is very marked. My statistics show something like five or six still-births among the blacks to one among the whites. Hoffman, in his "Race Traits and Tendencies of the American Negro," pages 65, 66, gives the following statistics for deaths from stillbirth per 100,000 population under one year:

	Washington.	Baltimore.
White	6,528	7,024
Negro	20 152	16,988

Death from debility, inanition, etc., of which hereditary syphilis is one of the greatest factors, per 100,000 population under one year:

	Washington.	Baltimore.
White	4 181	4,800
Negro	10,045	16,988

In the city of Charleston for the year 1890, for every 1,000 white children born there died during the year, 200; of negro children, 461. In the city of Richmond for every 1,000 white children born there died during the year, 187; and of every 1 000 negro children born, 530 died. If these statistics were true thirty years after the war, when the race had the physical stamina given them by several generations of slaves who lived under the best hygienic surroundings the world has ever seen, what can we expect the next fifty years to show with a people who are so immoral and so improvident as the younger gen-

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erations of negroes? It is well known that gonorrhoea is the chief cause of sterility both in males and females. Professor Edward Martin, of the University of Pennsylvania, says that it is the cause of more deaths than syphilis. If this is true gonorrhoea is playing no small part in decreasing the negro birthrate, as well as increasing their deathrate; because I believe that 90 per cent. of the men over 25 years have had gonorrhoea, and they rarely ever have it properly treated. The amount of uterine, tubal and ovarian troubles among negro women, traceable to gonorrheal infection, would be astounding to one who did not have frequent occasion to examine them for such troubles. The operative cases are never treated, since we cannot furnish the hospitals, perform the operations, and treat the cases without pay. The number of negro women who are sterile and whose health and happiness are impaired from such causes, is large and increasing every year.

Because of their indifferent sources of water supply and lack of cleanliness, typhoid fever is very prevalent among the negroes, and very many of them die, or suffer from the various complications and sequels, of typhoid, because they have not the proper diet, nursing and medical attention. Malaria, which is not only a prevalent disease, but one which is certainly curable, is carrying off thousands among the negroes in the lowlands and undrained swamps in certain sections of the South, when timely visits from the physicians and a little care in nursing would result in the cure practically of all cases of malaria.

A fact which is well known, is that negroes succumb readily to pneumonia and other lung diseases, and since the prevalence of influenza, which is practically endemic with us in the winter season, very many of them die from acute lung troubles.

While I have no statistics to show the mortality of carcinoma among the blacks, I believe it is increasing among them at least at the same rate as among the whites.

Indeed it seems to me that all diseases are on the increase with them, and that their condition physically and morally each year deteriorates.

I have discussed this question with physicians from all parts of the South, and I have never met one who did not believe that the negro is rapidly degenerating both morally and physically. In visiting the hospitals in several northern cities I have been struck by the number of negroes treated in them. In one city, where I recently spent a month, I saw more negroes in the hospital for treatment than I saw in all other places I visited during my stay in the city. This was prob-

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ably accidental. but it is well known that the negro population of the North cannot be maintained except by migration of southern negroes.

If the deathrate among the negroes in the cities of the North and South is so rapidly increasing, and their birthrate decreasing, as statistics undoubtedly prove, what an enormous increase among the negroes in the rural districts there will have to be to compensate for the difference. It is no doubt true that the negroes are drifting into the towns and cities, and as statistics show, that the general deathrate of the negro equals or exceeds the birthrate, and that every year increases the proportion of their defective and diseased classes, what can we expect of the negro but that he will in time share the fate of the North American Indian?

Last year at the race conference held in Montgomery, the masterpiece of the occasion was the address entitled "The Sacrifice of a Race," delivered by Dr. P. B. Barringer, Chairman of the Faculty of the University of Virginia. It contained more of facts, logic and forceful rhetoric than any other address delivered at that convention of distinguished men from all sections who met to study the race problem. I wish that every man and woman, white and black, in the North and South, could read and appreciate the force of Dr. Barringer's remarks. It would enlighten the whites and perhaps open the eyes of the negroes as to whither they are drifting. I am indebted to Dr. Barringer's splendid address for some of the statistics I have given you, and I quote from it the following paragraph:

"All things point to the fact that the negro, as a race, is rapidly reverting to barbarism, with the inordinate criminality and degradation of that state. It seems moreover, that he is doomed at no distant day to racial extinction. If reproduction ceases 8,000,000 will die about as rapidly as 800, so the outlook for this people is black indeed. * * * * In my opinion nothing is more certain than that the negro will go as the Tasmanian and Carib have gone, but till then he is our problem."

I believe that the dawn of the twentieth century finds the American negro at about the pivotal point in his history, and in the years to come his decrease in population and strength will be more rapid than his increase has been. In my opinion the negro birth and deathrates are approximately equal, and with a race already weakened and attenuated by vice and disease, and with what the inexorable laws of heredity mean to the offspring of such parentage, I think the future of this race is indeed gloomy. I do not ever expect any widespread trouble between the whites and blacks. The whites, while they propose to rule the South, are all the time showing a more kindly spirit to-

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ward the negro, as is evidenced by our sharing equally our educational fund with him, and by th e missionary work done among the blacks by the white churches of the South, and in many other ways. In matters of justice in the courts and in legislation the negro is generally dealt with as "the winds are tempered to the shorn lamb."

Social equality between the races is an absurdity dreamed of only by a few anarchistic fanatics of both races who know nothing of the true status of the race problem; but in matters of business and in other affairs of life the relations between the races are every day growing more cordial and satisfactory.

In the line of common school education the negro who pays less than 5 per cent. of the taxes, has exactly the same advantages as the whites. In the common schools there should be lectures and practical lessons in hygiene and morality, beginning with the smallest child and extending through the whole school course. I think it of far more importance to look after the moral and physical education of the negro than his mental development—though all may be done at the same time. Industrial education is without doubt a step in the right direction for the upbuilding of the negro. Booker Washington is the Moses of his race, but will his people follow him? I fear not. There are but few if any other such men in his race and it would take a thousand Booker Washingtons and as many Tuskegee Institutes to have much effect on the race as a whole within the next half century. The negro should be taught habits of industry and economy. The Tuskegee Institute in turning out one well trained farmer or mechanic graduate, in my opinion does the race more good than the graduation of a hundred in the classics.

While I am not of a pessimistic nature, I greatly question whether anything we can do will save the negro from racial extinction but we must do our best—and to have any effect the work must be done in this and the coming generation. Physicians of the South, who come in closer contact with the negroes at their homes than any other class of the whites, should feel it a duty to instruct them whenever and wherever possible in the simple laws of hygiene. The prevention of disease is the highest art in our profession, and we who have to do so much charitable work for the negroes should never lose an opportunity to prevent the spread of disease among them.

Cities and incorporated towns should adopt and enforce laws which would insure sanitary dwellings in the tenement districts; and should provide, if necessary, without cost, a pure water supply for the people who reside in them. Every town and city should provide means of treating and caring for their indigent sick, as I know that hundreds of

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negroes die every year because they cannot get medical attention, intelligent nursing and the proper sick room diet. The State should provide hospitals for the treatment of their sick—especially should their tuberculosis patients be isolated and placed where they could be properly cared for. This would entail a great expense upon the State, but in the end would be economy. When we have the transitional period from negro to white labor in the South, with a sick and dying race to be provided for, then will we suffer and be in worse financial straits than we have ever before known except perhaps in the days of reconstruction. It would be well for philanthropists, who are spending thousands in training the minds of the negroes, to consider the establishment of free hospitals and dispensaries, in which their sick can receive the proper medical and surgical attention; and sanatoriums for the isolation and treatment of those infected with tuberculosis. They should also see that the negroes' moral and physical education is not neglected in the institutions which receive their munificence.

While we of the South are not responsible for the pitiable condition of the emancipated negro his fate is largely with us and we must do our full Christian duty in dealing with him. The solution of the negro question is our problem, and the best thinkers of the North, who have been South and studied race conditions, realize and do not hesitate to express themselves, that our people are doing their best for the negro and his hope lies in the South. We do not welcome the Lillian Jewett type of Africomaniacs who make incendiary speeches to the negroes without knowing anything of race conditions in the South; neither does the best element of the negroes welcome such fanatics; but we are glad indeed to have the negro's true friends from the North come South and help us study the race question. The North was the negro's proposed benefactor when it came to freeing the slaves and now that the negro's condition is morally and physically worse than before his freedom, let not his Northern friends turn the back of their hands to him in this hour of greatest need. The negro has his liberty but he stands in danger of losing his body and soul—I speak of the race as a whole. There are some fine types of men among them and we may expect the "survival of the fittest," but the "unfittest" is so predominant among them that unless there is a change in their method of living, a century or two will witness the end of the sad story of the American negro in history.

I have tried to give a plain, unvarnished, unprejudiced statement of the negro's condition in the South, calling especial attention to their immorality and physical weaknesses, believing that the people of the South generally do not understand or appreciate the dangers which

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I honestly think menace the very existence of this race. Because the census of 1900 shows an increase in the numbers of the negro we must not be led into the false idea that he is improving in strength and character. We should study the traits and tendencies of the negro and if possible rescue him from disease and immorality which threatens to destroy him, and should leave not his fate alone to "time.'

"Time is the tomb-builder, who heralds his millions
To their home in the dim land of dreams,
Yet holds his fierce career,
Dark, stern, all pitiless, and pauses not
Amid the mighty wrecks that strew his path,
To sit and muse like other conquerors,
Upon the fearful ruin he has wrought."

PATHOLOGY NECESSITATES A CONSIDERATION OF BACTERIOLOGY.

By L. N. JOHNSTON, M. D.,

TUSKEGEE, ALA.

You will pardon me for selecting as the subject of this paper one that is so uninteresting, and one that apparently possesses so little interest, but I trust the unusual title will not predispose you to a dislike of it. If you desire an excuse for my selection, I must call to my aid the present unexpected excitement in a neighboring State over the discovery of almost limitless quantities of oil and let it serve in part, at least, as a reason for my unusual subject. If you discover before I finish that I thoughtlessly failed to apply any of this oil to my tongue, you must remember that while we have been taught that water and oil will not mix, that corporations by their stock manipulations perform miracles and often the stock of oil companies does not possess enough oil to form a film over the surface of the water composing it, you will have to classify me as a representative of one of these wholly water oil companies.

It is not my purpose to enumerate the chemical or physical properties of oil, its value in medicine or in the open market, or attempt to sell you any stock. The following quotation from a poem by a Southern writer will more clearly show you the sort of oil I propose to discuss with you. In speaking of the marvelous knowledge man possesses of his physical structure, he says:

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"* * * blessed Hippocrates
Bright trimmed his lamp, and passed it down the line,
And each disciple added of his oil,
It blazes now above the ghastly corpse,
Till every fibre, every thread-like vein,
Is familiar as a city's streets."

With this lamp of Hippocrates typifying the broad science of medicine, I write you to consider some of the oil that has been added to the lamp by some of the most zealous disciples of Hippocrates. The addition of this oil has caused the flame of our lamp to stop its flickering and to cease emitting a small, dim, uncertain light, and has made it a large, bright, white light and caused it to burn with a steadier and more certain flame. It has raised medicine from the low plane, surrounded by fanaticism, superstition and uncertainty to a plane where its beams carry with them messages of hope and comfort, and lead the way to many a victory in the battle with death. It has made medicine in word and in truth a science in the broadest and fullest sense.

You will recognize my oil under the more familiar and scientific term of Pathology. A consideration of pathology necessitates a consideration of bacteriology, to which pathology is deeply indebted for an explanation of some of its most conspicuous phenomena. I ask your indulgence while I briefly refer to some interesting bits of the history of bacteriology, and of the role it has played in the development of the true science of medicine.

Bacteriology, as we know it today, is of very recent and very rapid development; this is more manifest when we remember that those of us who attended lectures fifteen and, in some instances, only ten years ago find it to be a subject of which we heard but little while students and what little we did hear was so diluted by theories and generalities, which, for the most part, have been discredited and discarded, as to leave only an indistinct and blurred impression upon our minds. While theories still abound, there has been enough of the truth discovered to place this branch of medicine upon a solid and certain basis. In some instances, working under and following the requirements for such, as laid down by Koch, the causal relation which bacteria stand to disease has been clearly established, and with this knowledge as a basis intelligent prophylactic measures have been instituted with results which have fully demonstrated their value. All of the problems of bacteriology have not been solved, and in her storehouse of mystery nature holds many fascinating and interesting problems for the solution of which man will ever labor zealously and unremittingly. As an ex-

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ample of this we have only to cite the investigations being conducted in Buffalo, under the authority of the State of New York, having for their object the determination of the true aetiology of cancer and of its having a probable paracitic origin. The original study of milk, to be made under the direction of the medical department of Cornell University, with the aid of such other medical colleges as it may select, and made possible by the kindness of Mr. Rockefeller, may be added to the above to show that there are always problems to be solved and theories to be established. I might add, in passing that there is no one who is better qualified to add oil to our lamps than our friend, Mr. Rockefeller.

Bacteriology had its foundation in the observations of Antony van Leeuwenhoek, a man of presumedly humble origin, born in Delft, Holland, in 1632. He was not a man of letters and, if history be true, only enjoyed a meagre education. At an early age he was apprenticed to a linendraper at Amsterdam and here, at odd hours he devoted himself to the study of lens grinding, and by application soon became very proficient in the art. So skillful did he become that he was able to grind a single lens which was far superior to the finest compound microscopes of his day, and with which he observed motile "animalcules" in rain water. Encouraged by his discoveries he ground still more powerful lenses and by their aid detected in well water and other media micro-organisms which we of today know were bacteria. The results of his observations he embodied in a paper which he read before the Royal Society of London in 1683. From time to time he made public his later and more valuable discoveries. His work is a model for all time to come, for it was characterized by a faithful presentation of facts, wholly innocent of speculation and theory. His observations met a ready acceptance in some quarters while in others the opposition to them was so bitter and unceasing that our lamp came near overturning and the precious drop of oil introduced by our apprentice was almost spilled. Some of his followers passed the bounds of reason in accepting and discussing this new idea of the aetiology of disease; on the other hand the opponents of the new doctrine fought it without ceasing and even so late as 1820, one Ozanam declared his time too valuable to waste "in efforts to refute these absurd hypotheses." The greatest amount of oil has been added within the last ten or twenty years by Pasteur, Pollender, Davaine, Schulze, Bonnet, Cohn, Klebs, Eberth, Koch, Loeffler, and a host of others.

The effect that bacteriology has had upon medicine is too patent to require a long review to show it. The development of preventive medicine has been most striking and perhaps the greatest benefit mankind

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has received from bacteriology, and may I not add, medicine? Its value to the human race in one disease alone, that of small pox, is sufficient to demonstrate the great good that has followed its introduction and kept pace with its development. From the time when 21,000 out of a population of 30,000 in Iceland died in one year from small pox, and from the time of the middle ages when an unmarked face was so infrequently seen as to give rise and currency to the expression so common in that time: "From small pox and love but few remain free," to the time that a pitted face is so seldom seen that one is almost incredulous when he reads of the ravages of this once most dreaded disease, now almost extinct—wholly extinct as regards the fears it once engendered. This is wholly due to preventive medicine. The introduction of asepsis and antisepsis into modern surgical technique, based upon the study of bacteriology, has so reduced the mortality formerly following the employment of the knife that a surgical operation of today is, comparatively speaking, so surrounded by proper surgical and antiseptic safeguards as to be regarded as a pleasant and delightful diversion to relieve the tedium of a dull summer. This subject of preventive medicine is growing of such importance that we shall yet see all of our medical colleges establishing chairs devoted exclusively to this branch of medicine, which course, I am glad to state, has already been pursued in some of our colleges.

The definitions of pathology are almost without number. If you will allow me, I will give you my definition of it. Pathology is that branch of medicine which has for its object the study of the phenomena produced by the operation of the laws of chemistry and physics upon a diseased living being. Consequently this branch does not occupy an isolated position; its study must go hand in hand with the study of anatomy, physiology and bateriology on the one hand and with all of the other branches of medicine on the other hand.

It occupies the pivotal position in medicine; it is the keystone which holds together and firmly unites the arch of healing. In order to fully understand the meaning of the phenomena resulting from pathological processes it is essential that the normal histological structure and physiological functions should be learned first. An illustration will show you clearly the dependence of pathology upon anatomy and physiology, and that of medicine and surgery upon pathology. A raw apprentice enters the employ of a medicine company to learn the trade. He dons his overalls and enters the machine room in which he sees an array of broken and helpless engines. He is taken over and shown the first and is told what is wrong and how it is to be remedied. He follows his instructions to the letter and is gratified to see his

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engine working smoothly and evenly. He goes to the next engine and discovers that it is similarly deranged. Such he knows from his experience with the other engine and straightway he begins to put it in condition by following the instructions given him by his instructor, who is now not by his side to teach him. As he replaces broken pieces by new ones, screws up bolts, and tightens belts, as he learned was needful to do to the first engine, he discovers that some other pieces are broken, some nuts are lost but as nothing was said about these in the first engine he takes for granted it is normal and decides to test his engine. He does so, and it wheezes, blows, scrapes, and soon because of the extra work falling upon his remedied parts they give way again and his engine is in quite as bad fix as before he attempted to put it in running order. You say the foreman was a fool; and you are right. He should have put the new apprentice studying the normal, the perfect engine—its structure, the pieces of which it is composed, the part each plays in the mechanical whole—and also must he attain a knowledge of the forces and agencies which endow this engine with its dynamic value. Had he pursued such a preliminary study, how much easier it would have been for him when he began to repair his second engine to note the departures from the normal, perfect piece of a machinery, and what changes were necessary to transform the useless, helpless mass of bent, broken and twisted iron to an organized, normal and useful piece of machinery. Am I far from the truth when I assert that in a measure medicine was taught formerly and at present in some instances in a like manner? For instance, a fever is present in the patient, we are told that the use of a certain drug will allay the fever. We are not told it is manifestation of some pathological process which must be removed. We give the drug to our patient and are gratified to see that the fever has departed. It reminds us of what Christ said to Nicodemus about his knowledge of the nature of wind: "The wind bloweth where it listeth, and thou hearest the sound thereof, but canst not tell whence itcometh, and whither it goeth." So it was with us before the development of pathology, we saw the lesion, felt the pulse, noted the temperature, but whence they came and whither they went we knew not. Pathology, if it did nothing else, certainly transformed the methods of the treatment of disease, and today we owe the change from the symptomatic to the causal treatment to it.

Of the many good effects which have followed the introduction of pathology as a co-ordinate element in medicine, one is at a loss to select one as an illustration. Perhaps the change it has wrought in the department of dermatology will be both striking and typical. Dr. Bulkley in speaking of this says:

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"The aetiology of various diseases of the skin has always been a matter of considerable difference of opinion among writers, but the subject is being cleared up more and more under the light of modern science and accurate study, and many points are now placed beyond the reach of controversy. In former periods it was supposed that all cutaneous disorders were manifestations of an internal poison or evil, a 'materies morbi' seeking exit by this channel; hence the general name given to this class of affections was eruptions (I burst forth), as is also signified by the Greek term eczema (I boil over). This idea has by no means disappeared, either from the public or professional mind; in a few, if any instances, however, is it correct."

In discussing the result of systematic study of skin diseases, and the effect it has had upon their treatment, the writer adds:

"Modern study has demonstrated a certain group or number of diseases of the skin to be entirely due to the local effect upon the integument, or its appendages, of vegetable parasites which find a habitant there; certain orther lesions on the skin are wholly due to other local irritants as the burrowing of the scabies insect, or the scratching practiced for the relief of pediculi, or from other causes. Still other conditions recognized as disease are the direct results of heat and cold, or mechanical and chemical irritants, as injury, dye stuffs, poison ivy, etc.; another group of affections are known as purely local alterations of skin tissue, such as fibroma, epithelioma, keloid, and the like. Yet other diseases have most intimate internal relations, such as acne, eczema, and urticaria; others, finally, as syphilis and exanthemata, are the result of specific poisions."

For the differentiation of one lesion from another and a consequent classification of them pathology is dependent upon the microscope as its most efficient aid. In fact it is with the microscope and the use of proper technique as regards hardening, staining and mounting specimens, that the greatest advance in pathology has been secured. Our knowledge and classification of tumors, cysts, polyps, etc., have been gained by this method. Just what inflamation is, its stages with the results in each, and the terminations of inflamation were learned by studying the web of a frog's foot under the microscope.

In this disease of the blood we see the utility of the miscroscope most apparent. By its use it is not only possible to differentiate chlorosis from pernicious anemia and either of these from leuchaemia, but it is absolute and certain. It is true the chemical aspects of these diseases are sufficient to lead to almost no confusion yet when we have absolute knowledge how much surer we feel. The detection of the "plasmodium malariae" in the blood of the patient suffering with malarial

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poison may be cited as another instance of its usefulness. Here, too, is it certain and absolute. The Vidal test in typhoid fever is not without its value and importance.

CHRONIC NASOPHARYNGEAL BURSITIS. (TORNWALDT'S DISEASE).*

By DUNBAR ROY, A. B., M. D.,

ATLANTA, GA.

A bursa is defined in Foster's Encyclopedic Dictionary to be "a pouch, especially a synovial sac." Bursae, as is well known, exists in various portions of the body, especially under the tendons of muscles around the various joints. The presence of these can sometimes be traced and their etiology determined. There are other bursae however which are congenital although some of these can occasionally be traced to an arrested development. Among these latter is the bursea pharyngea which occurs in the vault of the pharynx exactly in the median line. Adenoid tissue can be found in the nasopharyngeal space of nearly every individual, varying of course both in the amount and the location. In children we believe that adenoid tissue is universally present and this statement is made by one who practices in a Southern climate. I am firmly convinced that climate does not produce adenoids, but that it influences its growth and morbid state must be apparent to all. My experience shows that these growths occur in the black as well as the white race notwithstanding that some Southern rhinologists affirm that they never occur among the negroes. We believe that it is just as natural for adenoids to be present in children as faucial tonsils, and like the latter there are great variations in size. It is not necessary to operate on every case of adenoids, nor is it necessary to remove all faucial tonsils, and yet we think it is a good deal better to scrape too often the nasopharynx in children than not to scrape often enough. Harm is never done by the use of a Gootstein's curette but great harm frequently follows its non-use.

As individuals grow older this collection of adenoid tissue in the vault gradually becomes smaller, depending in a great measure upon the presence of that innate tendency towards a catarrhal condition. The larger the amount of adenoid tissue present in childhood, the slower is its disappearance which of course never disappears entirely but is merely transformed. If the patient has been afflicted with a large amount of adenoid tissue in childhood and this was not removed sur-

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gically at that period, experience teaches me that such will have trouble in the nasopharynx nearly all of his or her life. This same gelatinous polypoid tissue in childhood will become firmer and more fibrous as the individual grows older, and instead of its being globular or cushion-like, there will be formed bands of fibrous tissue running in the long axis of the pharynx. Between these bands, secretion will lodge which will be exceedingly difficult of removal.

Crypts, which normally exists in adenoid tissue, counterparts of the crypts in the faucial tonsils, exist even after all the adenoids have seemingly disappeared and such always affords a nidus for constant irritation and for the production of acute follicular naso-pharyngitis. I have rarely failed to find the remnants of some adenoid tissue in every patient who complained of nasopharyngeal catarrh. Rhinologists owe much to Luschka who was the first to describe so minutely the anatomy of the nasopharynx. Anatomists generally agree that there are two kinds of glands in this region: (1.), the conglomerate, occurring especially around the mouths of the eustachian tube and on the posterior surface of the soft palate, and, (2), the follicular glands which are more especially bunched together just at the center of the vault and commonly known as Luschka's tonsil. The third tonsil varies considerably in size and formation, being sometimes round or oval and then again linear with distinct crevices between the bands. "At the lower portion of the pharyngeal tonsil, in the median line, a small opening is sometimes present which leads into a sac about three-fourths of an inch long and one-fourth of an inch wide, known as the pharyngeal bursa, the name given it by Luschka from a term already used by Meyer in description of pharynges of certain mammalia. The anterior wall of the bursal sac is covered with glandular tissue, while the posterior wall is joined by a ligament to the basilar process of the occipital bone. Some observers deny the existence of the sac as a distinct anatomical structure, holding that this bursa is simply a median fissure of a normal pharyngeal tonsil, the fissure being the result of adhesions of the superficial layers of the glandular tissue." (Burnett's System). These fissures in Luschka's tonsil vary considerably in different individuals, and their presence to any large extent is due in my opinion to its having been neglected case of adenoids in childhood.

Whether or no the pharyngeal bursa exist, is still a mooted question, and after the examination of the nasopharyngeal space in several cadavers, I was unable to discover a distinct pouch. This however, does not invalidate the fact of its existence. In many of these cases where there were decided objective symptoms of nasopharyngeal catarrh, I have been able to find almost universally the presence of this opening

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in the vault entirely different in appearance from the slit-like processes so frequently found in Luschka's tonsil.

In 1885, Tornwaldt, of Danzig, published an extensive article in which he described still more minutely than Luschka had done in 1868, the pharyngeal bursa. The main object of his paper was to show that the large majority of nasopharyngeal catarrhs was due to the presence and diseased conditions of the bursa pharyngea. Since that time such a pathologic condition has been spoken of as Tornwaldt's disease.

There is a great diversity of opinion among anatomical investigators as to whether a bursa exists. In 1878, Ganghofer, after much investigation, published an extended article in which he denied the existence of the bursa pharyngea in the form described by Luschka, but described it himself "as a simple, more or less marked depression of the mucous membrane, having no great depth and not connected with the basilar process as claimed by Luschka, by means of a strip of cellular tissue." In 1887, Schwabach, of Berlin, published his investigations on the subject these having been made on cadavers to determine the true character of the pharyngeal bursa. He examined 100 adult heads, twenty-eight childrens' and two foetal heads. From this examination he found the same conditions as described previously by Ganghofer and "there was a series of deep, irregular and shallow clefts, forming ridges of various heights and breadths which gradually disappear as age advances." In ten of the 23 preparations examined, Schwabach found 'a more or less defined evidences of the original clefts in ten, and in these the middle clefts was the one partiallly or completely retained, while a few showed a number of openings of varying size.' He concludes therefore 'that the bursa of Tornwaldt is but the remnant of the middle cleft, the 'purse' or blind pouch being the posterior end, formed by the partial agglutination of the margin, and that it is but an integral portion of the pharyngeal tonsil, taking part in the diseases to which the latter is subject, but not possessing a pathological character of its own.'

Very pertinent to these later statements are those of Trautmann, " that various authors relying solely on rhinoscopic examinations, had arrived at erroneous conclusions when studying the hyperplasia of adenoid vegetations, and these differed completely from those arrived at when the studies were conducted upon the cadaver."

From this we see that there is yet a diversity of opinion as to the part played by the bursa in the production of postnasal catarrh. With Schwabach are associated Wendt, Ganghofer, Trautmann, and others, while equally as close clinical observers such as Tornwaldt, Luc, Schmiegelow, Massuci and Gradle have found that their investigations warrant them in attaching much importance to the presence of this

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bursa pharyngea. In my own mind I am firmly convinced that certain cases of nasopharyngeal catarrh are dependent upon some pathologic condition of this bursa for they all surround themselves with unique objective symptoms distinctively characteristic.

Within the last three years I have had two cases whose clinical picture was almost identical in character and which showed a condition of the nasopharynx peculiar to themselves. These will be briefly narrated: Mr. L., lawyer, aged 27, consulted me on account of an harassing scabby accumulation in his nasopharynx. He gave the following history: Had never had a spell of sickness in his life nor was he susceptible to colds. Health almost perfect except for this postnasal accumulation. Was of a nervous temperament. Had no discharges from the nasal cavities, but behind these there was a constant burning sensation. About once every second day, in trying to clear the post-nasal space he would cough out a scab the size of a ten cent piece, dry on one side and moist on the other where it had been attached. It always came from the same spot, always had the same formation, and he was always conscious of its presence. The patient had excellent throat to examine, having such control over his soft palate that I could simultaneously use both the mirror and the cotton probe. This gave me an excellent opportunity to apply the treatment. I found a post-nasal scab situated at the vault of the nasopharynx, just in the center and a little below the nasal septum. No secretion could be seen anywhere else. This scab was removed with a piece of cotton on the end of a curved applicator and from its point of removal was seen a depression into which the end of my little finger would probably fit at the center of which was found a minute opening. This opening was entirely different from the slits found when there are remnants of adenoid tissue left, for in this case the post-nasal space seemed everywhere free from grandular tissue. Nor was there any accumulation in the Rosemuller's fossa. The nasal cavities appeared normal. Here was a case to mind different from the ordinary post-nasal catarrh, being entirely froee from the objective appearances usually found in that condition. My own diagnosis was that of chronic inflammation of the pharyngeal bursa. The prognosis in these cases as to absolute cure is exceedingly unfavorable and I was aware that I had a hard case to deal with.

The treatment consisted in the daily cleansing of the post-nasal space with equal parts of peroxide of hydrogen and water. This the patient accomplished himself with a post- nasal atomizer. This was easily done because of the great tolerence to instrumental manipulation in this region. I myself used all the well known remedies, such as vary in solutions of nitrate of silver, iodine of potash solutions, ichthyol chromic

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acid, and finally the electro-cautery. Curetting was not resorted to because there was no indication for this procedure. The patient improved some but his condition was never cured and he finally passed from under my observation.

Mrs. L., aged 33, consulted me for symptoms which annoyed her similar to the one above. This lady was quite a vocalist, having a beautiful contralto voice. She complained of an intense burning behind the nose and the presence of secretion in the same region which usually came away after thorough douching in the morning. This condition she said had been present for two years but she was able to dislodge the secretions after a large amount of salt water had been passed through the nose. The secretion always came away in the form of a distinct scab. Her general health was excellent which was well shown in her physique. On examination the nasal cavities appeared normal as also the oropharynx and larynx. This patient also had excellent control of her throat for examination and instrumental manipulation. The only pathologic condition seen was a depression in the median line of the vault just back of the septum in which some dirty yellowish secretion was seen. This was removed with cotton applicator, revealing a raw bleeding surface. An opening, similar to the one seen in the first case was found at the lower end of this depression into which the probe could be passed.

This patient was treated with various remedies with varying success. She is still under my treatment.

This paper is more for the purpose of eliciting a discussion than the advancing of any new ideas, and I trust that the fellows of this Society will give us the benefit of their own clinical experience with such cases. These two cases which have been reported, present an entirely new type of post-nasal trouble, different from the ordinary post-nasal catarrh where adenoids are present or where there is a distinct nasal lesion.

From objective symptoms present, these two cases offer all the features of that pathologic condition described by Tornwaldt, and every clinical feature of the case points to a diseased state of the pharyngeal bursa. Those who deny the existence of this pathological condition as a distinct entity, I am sure base their opinions on an anatomical investigation and not on clinical facts. Such cases when once seen are readily recognized because of the great similarity in both their objective and subjective symptoms. The presence of this central depression, the opening at the lower portion from which in one case mucoid matter exuded the irritated condition of this socket, the presence of a firmly imbedded scab, these are the symptoms distinctly characteristic of this peculiar condition.

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Whether the so-called bursa pharyngea is a distinct bursa or blind pouch in the mucous membrane, it is certainly the cause of a peculiar form of naso-pharyngeal catarrh. My own idea is that this bursa or pouch is but rarely present normally, but when it is, especially if there be any nasopharyngeal irritation present, and also if there be remnants of old adenoid tissue, it is apt to take on a catarrhal condition and produce those symptoms as were described in the two cases above. I do not agree entirely with Delavan, who said in a paper read in 1894, that the "so-called Tornwaldt's disease appears to be nothing more than neglected hypertrophy."

There must be something more present besides neglected adenoid hypertrophy to produce this pathologic condition, for too many neglected cases have been seen where none of these symptoms were present. Nor do I agree with Hajek, of Vienna, who believes that "Tornwaldt's theory as regards the recessus medius should be set aside, since the identical trouble described by him as limited to that crypt, could also be seen in other recesses of the naso-pharynx."

This is no theory but a clinical fact as can be demonstrated on any typical case. Nor can you find similar conditions in other recesses of the naso-pharynx as the author holds, for this media recess has a pathologic formation "sui generis." We have seen all these recesses in old cases of neglected adenoids, but the appearances of such even when there is much catarrhal trouble, are entirely different from the present condition under discussion.

In looking up the literature on the subject, there was found a pretty evenly divided opinion among competent observers as to the existence of this peculiar pathologic condition, and yet I think this is largely due to the fact that the condition itself is not frequent and probably many observers did not recognize it as a distinct entity. I canot agree with Tornwaldt in attributing every case of post-nasal catarrh to this condition

It was the non-success of the treatment in the two cases reported which caused me to study more minutely their clinical features. To treat the post-nasal space successfully you must be able to inspect its surface thoroughly and be able to make your applications just to the points desired. This is not always easy unless it is in a patient who has perfect control of his soft palate. I think that the method in vogue of mopping the nasopharynx without seeing the point for which the application is intended, is both painful to the patient and unscientific in its purpose. If the patient has not enough control of the muscles of the throat to allow the applicator and post-nasal mirror to be used at the same time, then the palate retractor should be brought into requisition and the parts treated properly.

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I could never agree with Ziem, of Danzig, who advocates "the routine employment of palpation of the nasopharnyx as superior in every way to posterior rhinoscopy." I believe that why non-success so frequently results in the treatment of nasopharyngeal troubles, is because this region is not examined thoroughly enough.

The best treatment which I found in addition to the thorough cleansing which the patient accomplishes at home was an application of a solution of nitrate of silver, 60 grs. to the ounce, directly to the sulcus, followed by thorough spraying of the nasopharynx with "hot melted" vaseline and orthform. Both the curette and electro-cautery point were tried. Tornwaldt recommends the destruction of the bursa by means of these latter methods. My own success was not at all gratifying. Schmiegelow, of Copenhagen, has reported three cases of obstinate post-nasal catarrh cured by cauterizing the bursa. Such success, however,, has not been obtained by many other observers and in fact a large majority report a rather small proportion of cures.

The prognosis as to ultimate cure in these distinctly characteristic cases is certainly not brilliant, and the laryngologist will be taxed to his utmost to place the patient in even a comfortable condition.

SUPPRESSION OF CONSUMPTION.

By R. C. Bankston, M. D.,

BIRMINGHAM, ALA.

In addressing you on suppression of consumption I desire to consider it in a practical way which will put the laity in appreciative touch with our ideas, keeping studious attention upon this important medical subject. Nothing is more necessary to the welfare of man than knowledge of the disease in various forms. Will we successfully cure it? I answer yes, and the best route to that end is through agitation and not give precedence to unimportant issues involving no principle of consequence. Though the subject may be worn, from time serving, and the ground covered herein, old and familiar, yet I desire to reiterate; the object sought to be impressed, cannot be talked too much. Any suggestion, however vague, calling attention and serving to keep the fire of interest in its study alight is commendable, that scientific investigation may be pursued and certain cure accomplished. No one is prepared to speak authoritatively, but the question is so vital that we should from environment feel peculiarly interested. Much has been written upon methods of cure. After close study of the devitalized state of those susceptible to onslaught, we come to this conclusion. Vigorous, well nourished tissue is not fa-

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vorable to the reception and manifestation of the germ, which, accepted medical opinion designates the cause of the disease. A serious thought enters for consideration here: May not the cause be a degenerative process or physiology below par and the germ an incident of the condition. Of course they are invariably found in all manifestation, but the multitude who are largely exposed without contracting it suggests the possibility of present theory being reversed in application. This is not an opinion asserted but argument, however, I do asert that it is preventable and under proper conditions is curable, and will yet be exterminated. Continued agitation arouses study which as education will demonstrate, preventive. While spread mainly by the poor, the rich contract it also, therefore, we may expect community action in its elimination. The rich naturally are the educated class, and realizing the danger, will support proper measures for suppression. Vital interest or self-preservation is too strong in life to presume upon any other course actuating. The greatest focus of the disease in Alabama is in Jefferson county. I allude to the Pratt Mines Prisons, where all are thrown together under circumstances which lowers vital resistance, rendering them easy prey to the virile implacable foe which does not let up on its victim usually but conquers to a finish, however, it does not always finish such victim before the expiration of his prison term. In fact it is a practice when the disease has become apparent, and days of labor are over, a sympathetic appeal for clemency is proposed and the pardoned sufferer unwisely turned loose on an unsuspecting public to scatter broadcast these virile germs to infect all who are susceptible, or, is returned to the walls of the penitentiary where he may infect any who may be receptive there. If the poor fellow was a criminal menace before incarceration, from vicious proclivities, how much greater as a danger now when he is capable of infecting with this horrible scourge all who are devitalized, who may come within the sphere of virility of this potency of destruction. If the people of Jefferson county do not take some steps to have this hot-bed of contagion abolished, the consequence will eventually be more serious through general infection than would freeing the entire horde of depraved non-infected criminals, all of whom, if they remain long enough may contract and distribute it. Human knowledge has never realized a more unconquerable disease, but with present information; we are nearing the time when this foe will be vanquished, and mankind freed from fear and thraldom more iniquitous than any ever known. This subject has left the field of the intangible and is exciting a degree of interest unequalled by any other proposition before the world. Means advanced are meeting with success sufficient to excite hope that proper precautions are being taken

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and an infallible antidote will be found to successfully eradicate consumption from the list of life's fears, whether it be through elimination of germs, or increasing vital resistance is not relevant, however, the way to achieve it is through continuous study. Realization through education broadens mind, quickens knowledge and give the faculty of comprehension needed to appreciate cause productive and methods required to eliminate. The theory of contagion is old, but is only now impressing itself as important and correct. It is one of the diseases affecting man and animal alike. While contagion has been admitted for ages it was only about thirty years ago that the germ was isolated and the important discovery made that it is due to bacilli, which are introduced into the system through the alimentary canal, the respiratory tract or the skin, provided conditions are favorable and pabulum present for its peculiar requirement. A person in good health cannot be impressed under ordinary circumstances, but by keeping germs ever present, any one may become devitalized from some cause at which time he may be impressed, therefore it stands to reason that any whose duties call them into the localized zone of germ activity would better feel sure that vital powers are above par, and not in condition for germ propagation to be effective, I know it is preventable all necessary, being, to avoid the focus, when devitalized. Present conclusion warrant views which find expression here, and we do not believe it will be many years before obstacles are surmounted and conditions of the disease understood. The detriment of the present is ignorance of laws of health and pathology of disease. Overcome them and a great hindrance to stamping it out will have been removed. Ten years ago, a commission of British savants appointed to study it made the following as part of their report, which stands today as basis for general opinion on it, though it does not speak well for progressiveness. First, consumption is contagious. Second, the contagion is a living germ. Third, they can only grow and propagate in an animal body where fluids are favorable as pabulum. Fourth, the principal source of infection are the expectoration from the lungs of sufferers which, allowed to dry, becomes pulverized and as dust will float in the air and be conveyed to the nostrils for inhalation, or will settle on milk, water or food and be carried into the body, or may contaminate an animal which may be killed and used as food before any evidence of infection becomes apparent. Milk likely is a common source, of infection, being used in its natural state, while thoroughly cooking meat destroys the germs largely. This theory you may observe is not new. During the past five years its intelligent application has demonstrated its value. I believe it correct. All needed to determine it, is to educate sentiment to knowing its merit.

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While these general causes must be considered in any plan devised to stamp it out, yet our greatest danger is in ignorant commingling with infected individuals from whom the disease may be directly spread to those, receptive; from devitalized health. To explain at more length, no one, however robust, but may at some time in life have a pneumonia or other disease or an occupation and environment which would temporarily devitalize blood and tissue. Suppose while in such state one should be brought in contact with the germ, conditions being right the field is planted and a manifestation results. These statements only need study to be verified. For some years, but in an isolated way doctors have been making suggestions which have not met with deserved recognition because the importance is not understood. People are not prepared to comprehend the significance of such propositions and realize that the future of man is largely enveloped in remote problems. Such being fact, these menaces should not longer exist, but removed, and replaced by knowledge of cause, and importance of arrest that health may be assured and the span of life lengthened. Take an infected person who has been educated sufficiently to know the danger, existing with himself, as a focus for infecting any who may be receptive, with whom he may come in contact; qualify him to protect; by educating him briefly in the course he should adopt and you will have done much to lessen its spread. A campaign of education will do more to stamp it out than all other policies advanced. Base your efforts on knowledge and the result will be tangible. No effective suppression can be employed until the masses are educated to comprehend the danger and know that blind chance is an unsafe guide. Its rapid increase make it a vital problem. Ignorant people who know nothing of their danger serve as means for its continuance. When we realize that each individual, however conversant with the infection, may become run down and contract it through constant germ presence, that known, should arouse interest. It should be studied and laws passed which can be applied vigorously that all sources of infection may be stamped out and cases existing isolated. Such course would be of immense value, with other laws making strict physical examination necessary before any, either citizen from abroad or foreign, can enter our country to endanger us. That course would involve both trouble and expense. We admit it, yet the money spent and time taken to stamp out a curse, responsible directly and through inherited devitality for nearly half the total death rate would be well invested. Let an epidemic of cholera, or yellow fever start our way and we are up in arms to repel. Millions will be spent in active quarantine with no regret, while great congratulation is indulged if successful, yet we have this insidious foe

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in our midst which is destroying more life than all epidemics of every other infectious disease combined and we do not hear a word of alarm, or protest, from the public. Why? Because they do not know their danger. Attention has not been attracted in a way to impress its alarming character. Why wait until the disease through heredity becomes so general that we will be a nation of consumptives. I have not the statistics at hand to verify it, yet the progressive increase of consumption compared with total population is alarming. It is not making an extreme assertion to say within fifty years unless something is done to arrest it more than half the death rate will be of this disease. If all were educated so that knowledge of it would be general, then the importance to abate would be appreciated and eradication accomplished. Those who know the danger should unite to fight it. If undertaken intelligently it will be stamped out and relegated to history. For some years various State and county boards of health have had this subject under consideration. Their work has been such that no result is perceptible. It is wanting in co-ordinative spirit. Our government should take hold of the proposition and pass laws restricting disease through heredity. I do not wish to be misunderstood. It cannot be transmitted a heritage "per Se" but the devitalized tissue favorable to its continuance can be and one so constituted will sooner or later come into germ presence which finding favorable pabulum takes possession of the field and grows. This idea while largely theoretical is admittedly reasonable. In fact no theory disdaining reason can expect to develop by imaginative faculty which holds all philosophy incomplete that bounds inquiry to the limit of the certain. Conjecture and induction contribute hypothetically to make the essence of philosophical conclusion. We know enough of the disease to advance our theory of its cause, and means which if adopted will certainly remove it. No legislation now advocated would accomplish good because the principle underlying is not understood. What those interested should do is get our government to appoint a commission of five physicians who should give the subject exhaustive study at various places, then meet, devise and perfect plans which could be suggested to the government for execution, which would be effective in result. The following suggestions worked out might give a basis for a feasible plan which would be successful. First, the U S. Government to make a liberal appropriation to cover the expense of the board and give every facility and five years time for them to arrive at and promulgate a finding. Second, each State to co-operate and appoint a board of five physicians, the State boards to compile their information and report to the government board after three years and annually thereafter. Third, each county to organize medical

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societies which shall have charge of local health conditions and select three members as a committee to investigate all cases reported, see that they are properly isolated, and kept under best physiological conditions appropriate to overcome the disease and its spread in a community. Each county shall appropriate means to cover the expense of its commission. Each State shall appropriate for its commission, who shall be responsible to the commission of the government, which shall call conferences with the various State commissions to be represented by delegate selected for fitness and familiarity with the subject and its importance. This body to extend invitation to all who may feel interested to come before it and give their views; as the object is educational, all finding should be extensively published and the literature scattered over the country to attract attention and obtain the co-operation of all in the systematic study of the disease and measures devised to stamp it out. The government to make annual appropriation to cover the cost of the sittings. The commission or college of science to be under the supervision of a chief who shall be head of the department of public health and statistics, tenure of office should be ten years and so arranged at the beginning that one member should go out at every second year. They should give their whole time to the affairs of the position and not be eligible to reappointment after having served ten years. New blood infused means vigor and development. The office of chief of the department of health to be a cabinet position subject to prevailing rules and always filled by a physician. The commission or college of science should study public health and causes prevailing that would modify it. Their standing and ensemble should be par to that of the supreme court. Position on the commission should be a distinction sought as a rare honor and only awarded after the high attainment, learning and scientific ability of the aspirant should be known. The highest qualification should be imperative, otherwise the result will not be of character to complete the great work of eliminating degeneracy, eradicating disease and perfecting vital powers for continued health.

I hope this brief outline will serve suggestively as synopsis of what should be undertaken, otherwise posterity will become so generally infected that extinction of entire nations is probable.

This subject is more vital in its relation to posterity than any other. We owe it a sacred duty to do something for relief. We should consider it a trust received from ancestry to study and devise means for eradicating this scourge and not let it descend through the generations as a heritage of iniquity bequeathed as vicious taint by an ancestry conspicuous in history more for imperfection than for measures for the good of life. In any proposition hitherto advanced, few

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important factors enter. If we would achieve success we should improve and strengthen vital resistance and educate all in the science of life. Let them know why we live—what we live for as a high purpose—how to live and get best result through familiarity with the laws of biology, physiology, hygiene, chemistry, philosophy and psychology. The first and last being the most important. I do not mean the psychology of the mountebank, but an understanding of the relations of mental, physical and reflex approximations and their harmony, giving a high quality and enduring principle of life. If all laws bearing on longevity were properly observed man would have no disease and would live out an expectancy based upon the amount of vital force with which he would be endowed at the beginning. Roll back obscuring shadows from the doctor's path, cast by indifference, bring forward the bright light of education and let it shine upon intelligent people who by cultivating intellect have emancipated the world from the horrors of consumption, then contemplate the happy condition to exist perspectively compared with present distress; and let your earnest effort be, to suppress consumption.

A DRESSING FOR ABNOMINAL WOUNDS.

Professor R. T. Morris, of New York, whose contributions on abdominal surgery have been of so much value, has for many years made extensive use of aristol in the dressing of abdominal wounds. In his lectures on appendicitis he states that he has replaced iodoform by aristol, which is similar in its action, but is preferable "because it adheres to the tissues much more tenaciously, because it seldom if ever produces any toxic effects, and because it smells better." He believes that while aristol does not act directly as an antiseptic it quickly forms with lymph a thin, protecting coagulum, which is almost impenetrable to bacteria, the free iodine which is given off destroying the existing ptomaines. He considers aristol of the utmost importance in closing tissue planes against infiltration from a wound. Aside from its use as a dressing to the external wound he has found this drug of great service in preventing secondary peritoneal adhesions. Other very prominent surgeons, as for instance, Professors Tuttle and De Garmo, have been equally strong advocates of aristol in abdominal surgery, and it is of interest to note that it was recently used in the dressing of the late President McKinley's wound (American Journal of the Medical Sciences). The special advantages of aristol for the treatment of wounds are its remarkable cicatrizing property, its freedom from irritation, and its analgesic action.

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Selected Articles.

A CONTRIBUTION TO OUR KNOWLEDGE ON ANTIPYRETICS.*

We are not far enough advanced in physiology to know what might be the effects resulting from the contact and mingling of the elements of some chemical compound with the physiological elements, cells or structures of the living diseased organism. We know that certain drugs will allay pain, but at what vital cost such alleviation is procured, we are at a loss to explain, although we resort to chemistry, pathology, microscopy to aid our findings in clinical and physical examinations. This refers especially to the various coal-tar products, some of which become of daily need to the busy practitioner. Is it sufficient to know the physiological and therapeutic action of these products, in order to obtain results from their use, or should we study the probable loss of vitality they may produce ,or to what extent they may reduce the respiratory or circulatory action? No; a full understanding of the absolute present needs and the future possibilities is required, and this includes microscopical and chemical examination of the eliminations, subsequent and strict attention to diet, hydrotherapeutic means and good nursing. Thus armed we are able to select our antipyretic on scientifically correct lines taking care to choose a remedy which is directed against the thermogenic tissues, thermogenic nerves and centres. The term thermogenic tissues, if taken in a broad sense, covers almost every tissue in the body, but I limit its interpretation as referring to the most active heat producers, the skeletal muscles and glands. The general thermogenic centres are in the spinal cord and brain, which is demonstrated by the fact that excitation of any one of these organs is followed by a pronounced thermogenesis. But we must not be led to believe that the increase of temperature alone is sufficient evidence of thermogenic disturbance. Insufficient diet tends to lower temperature while a liberal diet, especially carbo hydrates, increases the temperature. All conditions which increase metabolic activity are favorable to an increase of temperature, while rest brings about a reduction of temperature. Temperature per rectum reduces the first half hour after food is taken, to increase the next 60 to 90 minutes. Furthermore the temperature taken at different parts of the body differs; the usual observations of temperature taken in the mouth, rectum, vagina or

*Medical Council.

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in the axilla would give us different results in the same case. Kunkel (Zeitschrift fur Biology, 1889, vol. 25, page 69-73) states that his researches have proven that the highest temperature of external parts is obtained in the hollow of the hand (closed) ranging 34.8°, 35.1° centigrade, and Bernard finds that the liver is the warmest organ in the body. The mean temperature of the body is subjected to variations which depend upon sex, age, constitution, time of day and season, baths, diet, climate, blood supply, disease, drugs, etc. A close relationship exists between the frequency of the heart's beat and body temperature, especially in fever. An increase in temperature will increase the pulse rate, but more important than the latter is the effect produced by the amount of blood supplied to any given part of the body. A large supply of blood to the cutaneous surface increases cutaneous temperature and decreases internal temperature, and vice versa. It would require pages to enumerate the various points which may cause changes in temperature—produce thermogenesis or thermolysis. Sufficient has been said to demonstrate that the blood is the foremost factor in all cases where thermogenesis has appeared; furthermore pathology has sufficiently advanced to demonstrate by blood examination that destructive histological changes occur in the blood cells, and subsequent chemical analysis of the faeces and urine reveals excessive phosphatic elimination.

It appears to me as irrational to administer drugs in quantative doses in cases of similar history and clinical findings; as, for instance, quinine is given to the adult in doses of from 5-20 grains, to the child in doses of 1-2 grain, while a thorough study not alone on clinical and physical lines might reveal the fact that the larger doses would be appropriate for the child. The value or danger of synthetic remedies can be foreseen if we view them from a chemical-medical standpoint, while the relation of all coal-tar antipyretics should be observed from a chemico-physiological and therapeutic standpoint. Their physiological action is aimed to retain the antipyretic effect of carbolic acid minus its caustic and poisoning properties. Carbolic acid diminishes thermogenesis and increases thermolysis. It reduces the number of red blood corpuscles, but has no effect on the amount of hemoglobin. Most antipyretics are decomposed in the body, and the product of decomposition acts on the hemoglobin of the blood to form methemoglobin, while others lessen heat production by an influence on the nervous system, the blood pressure remains unaltered and their decomposition products do not affect the hemoglobin. When selecting our antipyretics we must consider the hypnotic and analgesic properties they contain. Most antipyretics, sedatives and analgesics exert their effect

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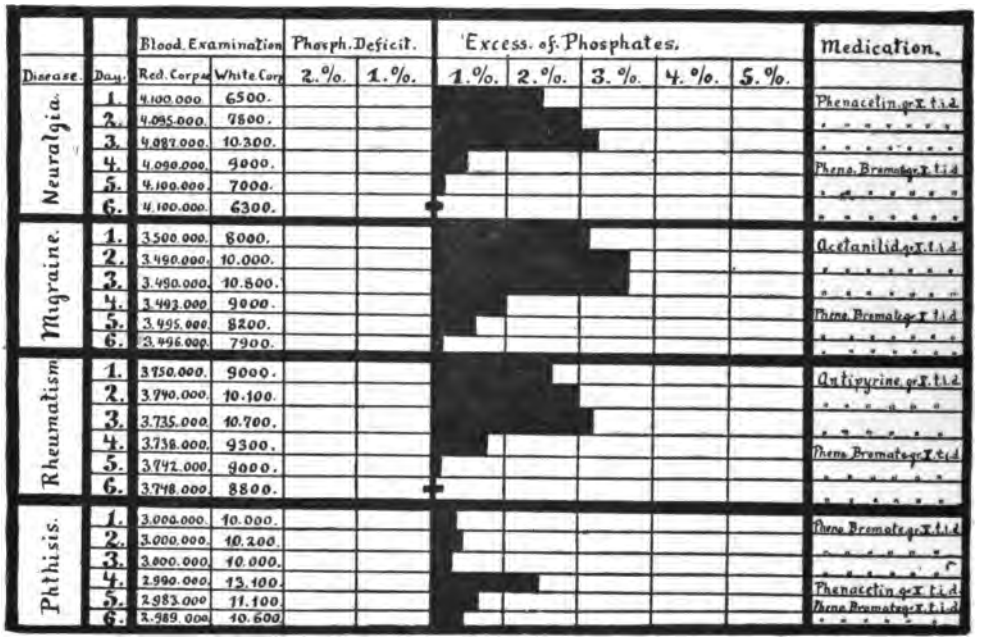
through the general circulation, and many paralyze the central nervous system and are slowly absorbed in the stomach. Physicians often disagree in a given case on any one plan of treatment, when there is no dispute, not even a doubt as to the diagnosis, for, after all is said and done, the former is largely empirical. Is it right to employ any antipyretic because we know some therapeutic merit has been attributed to every one of them? or shall we stop and consider that Acetanilid, Antipyrine, etc., are not without their dangers and disadvantages, knowing them to be heart depressants? It may be taken as a rule that the powers, limitations and dangers of most antipyretics are not yet understood. We have often heard of cases of Acetanilid poisoning, of Antipyrine poisoning, and it is of interest to know the full physio-clinical data of such cases, and if death follows to learn of the results following autopsy. An interesting case is described by Kronig (Berliner Klinische Wochenschrift, November 18, 1895). These antipyretics invariably cause an excessive elimination of phosphates in the urine, and I have observed a large number of cases where the examination of the blood before and after medication showed decided histological changes. By merest chance, I came to use Pheno-Bromate, and it proved so signally successful in that one instance that I availed myself of all subsequent opportunities to give this antipyretic a further and more extended trial. I do not believe that the inherent value of a drug is demonstrated until its therapeutic action and physiological effect has been fully exploited.

Pheno-Bromate does not depress the heart; on the contrary, it exerts a stimulating influence on this organ. It possesses no toxic properties, and does not disorganize the blood causing anemia and its use is not followed by the elimination of phosphates in the feces and urine, which is the case with most antipyretics. The accompanying cut represents the amount of phosphates (earthy and triple phosphates) eliminated in four cases out of a probable one hundred cases treated with Pheno-Bromate: Case 1, neuralgia; case 2, migraine; case 3, rheumatism; case 4, fever of phthisis.

The above illustration clearly demonstrates that in all cases excessive elimination of phosphates and decrease of red blood corpuscles followed the use of antipyretics employed during first day's treatment, to become normal upon Pheno-Bromate medication. Pheno-Bromate is a true thermotaxic, and it acts by restoring the normal heat-regulating powers of the nervous system. Its analgesic and hypnotic effects are decidedly more pronounced than those produced by most other antipyretics, and it has also valuable antispasmodic action. In painful muscular spasm after fractures of the thigh, it proves more sedative

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than the opiates and no depression or ill effects are noted. The administration of Pheno-Bromate adds materially to the comfort of the patient, and does not interfere with any healing process. Continuous fever deteriorates tissue and exhausts the brain (hence increased thermogenesis), and it also interferes seriously with nutrition. As antipyretics are only resorted to when some excess of thermogenesis exists, it is rational to reason that some gastric disturbances are present, and consequently the blood picture will reveal a digestive leucocytosis or a leucocytosis influenced by medication. Hence I assert in the introductory lines: A full understanding of

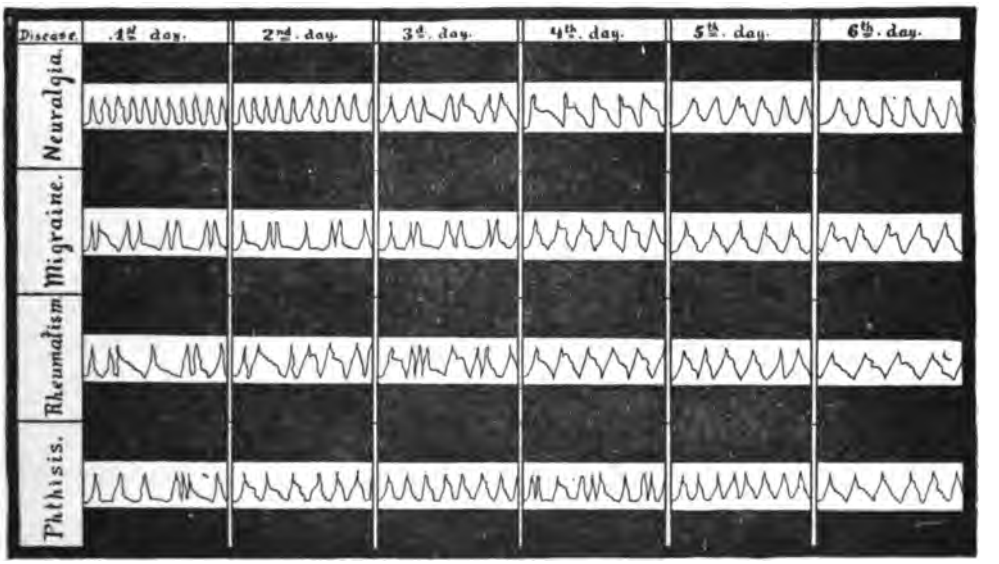


Amount of Phospates in the Urine (centritugal).

the absolute present needs and the future possibilities is required, and this includes strict attention to diet, hydrotherapeutics, nursing and the eliminations before the selection of an antipyretic is decided upon. Antipyretics are always relied upon for the treatment of migraine, which is rarely a disease in itself, but is rather a symptom accompanying some other affection. At times it is an hereditary disposition. It is almost always associated with nutritive disturbances, and many features of migraine indicate gastro-intestinal disturbances, and whenever these are found, we also find the resorptive processes impaired, and it is my belief that many a therapeutic agent has been

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condemned as inefficacious after one or more trials, while such bad results were entirely due to the fact that the dosis had not been sufficiently increased to permit a certain amount (physiological dosis) of the drug to be absorbed. Discreet diet, evacuation of bowels and continued doses of Pheno-Bromate until the physiological action of this drug is demonstrated, are required to realize the therapeutic value of this valuable non-toxic antipyretic. I have examined the blood and



Daily Sphygmogram (½ hour after medication) 10 a. m.

urine in not less than fifty cases where Pheno-Bromate was the only medication employed, and I have always noted the stimulating and subsequent sedative effect after ten to fifteen grains of this efficacious antipyretic. This product is a happy synthesis founded on rational therapeutic principles.

L. H. Warner, A. M., Ph. G., M. D.
217 West 106th St., New York, N. Y.

A DOCTOR'S THANKSGIVING.

Today is Thanksgiving Day—and I of all other am, and should be more thankful. I luckily saw your ad. of Germiletum, this is not fictitious expression to me, may be common, but at any rate wrote you and you sent me a bottle of your Germiletum. I have for a long while

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suffered the "Torments of Hell," with a severe case of Eczema. Everything I had used was either acid or unguent, and though palliative, never seemed to have the desired effect. I have had the most intractable Eczema I ever saw. I had many things to mitigate for a while, but all of an acid base, which would relieve for a while, but would return in all its vigor. While I am not given to writing essays or certificates, but gentlemen, without any exaggeration, I have had more comfort and sleep in the last two weeks, since using Germiletum, than in four months.

Everybody, doctors included, thought I had cancer, I told them it was Eczema in its most virulent form. I will say also, gentlemen, I used various Eczema tonics, they truly did me some good, but local application only seemed to soothe for a while. With the use of Germiletum, I am better than for years, and on this day of Thanksgiving no one has more to be thankful for than I. I used all the Eczema remedies with but temporary relief, in my own case as well as others. I have now successfully met in Germiletum a specific in Eczema, and feel better in spirit over my own condition than in years. Any good blood tonic internally and Germiletum externally, I believe Eczema will be completely eradicated. I will do all I can to extend the use of Germiletum. Van B. Thornton, M. D.

Hempstead, Tex., Nov. 28, 1901.

A doctor's wife should study to make herself absolutely necessary to her husband. Sme one may say this is the duty of every wife, but it is more so for the doctor's wife than all others.

The doctor is denied so many things that men in other callings have that the wife should determine to compensate him in every way possible.

First of all the doctor who marries a woman who is not congenial to him is a fool; he above all other men should know this.

The only salvation for a doctor who marries a jealous woman is either to give up his practice or his wife—if he does not do one or the other his life will be a hell and he a failure besides. I claim his first duty is to the wife he has married for better or worse, that is if he loves her or she loves him.

After all love solves all these domestic problems, the same as it does most other questions.

Unfortunately self love enters too largely into these equations.

Truly the only woman who should ever marry a doctor is the unselfish one.—Medical Mirror.

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Editorial.

JNO. C. LeGRANDE, M. D.,..... Editor and Prop.

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We cannot promise to furnish back numbers.

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The editor is not responsible for views expressed by contributors.

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Greetings—1901-1902.

The calendar year 1901 in now a part of the unreturning past and we have spread before us the unwritten scroll of 1902. We extend to our patrons and to the profession our most cordial greetings and best wishes for the new year, trusting that a full measure of good health and prosperity may be realized in each individual experience. In reviewing the past the medical profession sees much in its collective record to excite praiseworthy pride and to provoke its members to still higher attainments that shall benefit mankind.

The Journal desires to acknowledge grateful thanks for generous patronage received. which has enabled it, we may say with becoming modesty, to strengthen and enlarge its sphere of usefulness. Increasing efforts will be made to retain public favor, seeking at all times in every

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department of its work to so conduct and carry out its peculiar mission as that it may deserve just commendation from all of its business patrons and subscribers.

Dr. Wilson President, 1902.

During the past year the Jefferson County Medical Society has made a history of which every doctor in the county may justly feel proud. Dr. W. E. B. Davis, as president, has been untiring in his efforts, looking after every interest of the society as a result the meetings have been well attended and interesting and profitable papers have been read at each meeting, all of which elicited enthusiastic discussion. As a token of appreciation for his successful work during the year, a resolution was unanimously passed by the society at the last meeting thanking Dr. Davis for faithful and efficient services. Dr. Cunningham Wilson is president for the year 1902. Dr. Wilson is too well known to the physicians of Birmingham and Jefferson county to need any commendation from us. We predict for him and the medical society continued success. It is the duty and should be the pleasure of every doctor in the county to attend the meeting of the society and take an active part in the work. Dr. Sellers was elected Vice President.

Dr. Edgar A. Jones, the efficient secretary, is continued in office. Dr. Mobley will serve the society for another year as treasurer. Dr. L. C. Morris is elected a member of the board of censors for five years.

The annual banquet at the Hillman on the evening of Dec. 27th, was a brilliant success.

Suture of Stab Wound of the Heart.

The interesting report of case of wound of the heart will be read with interest by the medical profession of Alabama because of the report of seventeen cases by Dr. L. L. Hill, of Montgomery, Ala., in a paper presented before the Jefferson County Medical Society, and published in this journal last year. In the Medical News of December, 1901, Vaughan says:

A negro man of 23 was stabbed over the region of the heart. Three-quarters of an hour later operation was hastily done. The wound in the heart muscle was 2 1-2 cm. long and penetrated the wall of the left ventricle. Blood spurted through the incision of each systole, seven sutures closed the wound in the heart muscle. The heart suddenly ceased to beat and no artificial measures availing to re-establish its action, death resulted. The author adds to Hill's seventeen cases of sutured wounds of the heart, nine others, including his own. Of

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the total of twenty-six there were nine recoveries and ten deaths. In one of the recovering cases the wound was certainly nonpenetrating and in two others the same was probably true. Excluding these three from the list there were six recoveries or a mortality of 76.93 per cent.

Football.

That we should encourage outdoor exercise and the indulgence in such sport as will give more vigor and strength to the physical economy, there is not the least ground to question, but if the game of football, such as was witnessed in the city of Birmingham on Thanksgiving Day by several thousand people, is a fair sample of this much appreciated sport, we must conclude that the criticisms indulged in by Dr. McCook and the editor of American Medicine, timely and to the point.

Nine killed and 170 badly injured is the record of football mortality for the past season. Rev. Dr. McCook thinks the case is bad enough to devote a sermon against this gladiatorial sport masquerading under the name of "athletics." Worse than the deaths and injuries, however, he thinks are the immoral concomitants of the game as played, the gladiatorial spirit, the betting evil, and the liquor drinking habits encouraged, and lastly, the time wasted by students. We think Dr. McCook forgot the worst thing—the vicious imitation of the grownups by small colleges and by school children. We leave out of the count the encouragement of noise-making. Betting, obscenity, profanity and malignancy are the effects of football among millions of children. We read of two rival medical colleges keeping up a whole day fight and of having to be repeatedly separated by companies of police. This is therapeutic education with a vengeance. We know of the will of still living rich man by which at his death a university will receive a very large sum of money, but only on condition that in the future there shall be permitted no "athletic contests" of the kind that at present disgrace both genuine education, genuine athletics and a true sportsmanlike instinct.

A Word with Our Advertisers.

Beginning the new year, we are gratified to note the appreciation shown the Alabama Medical Journal by the leading and most reliable advertising houses in this country. During the fourteen years in which we have published this Journal it has fallen to our lot to experience the ups and downs which every enterprise of this character must pass. In its infancy the Journal, "being bottle fed," suffered some from inanition, good nursing brought it through the teething stage and by the increase of patronage from advertisers and subscribers it soon

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learned to walk, and today it launches out bright, happy and with a feeling of confidence never enjoyed before. Its pants reach to the heel of its shoes. Published in a city destined to be the largest and most important in the South, and in the good State of Alabama, the rich resources of which is attracting the attention and admiration of the world, supported by a medical profession which is abreast of the times, and the support in a medical way, and the many kind assurances of encouragement induces us to conclude that this will be the best and most prosperous year in the history of the Journal.

We may be pardoned if we attach one or two of the many letters received from old and substantial advertising patrons of the Journal. One of the best houses in St. Louis says:

"Alabama Medical Journal," Birmingham, Ala.:

Dear sir—We thank you for your favor of the 23d inst. and hasten to assure you that wo have no thought of withdrawing our advertisement from the Alabama Medical Journal. Our record with the Journal shows an entry of a tf. order and we shall be glad to have you enter the same memorandum upon your books. Yours truly,

Another first-class house from the East says:

"Alabama Medical Journal," Birmingham, Ala.:

Dear Sirs—We have your favor of the 21st inst. and beg to assure you that we appreciate the liberal manner in which you have always treated us. The "Journal" has shown great improvement lately and we derive great satisfaction from that fact, as anything which indicates a paper's success also indicates its continued value to the advertiser.

Trusting that the forward strides you are now making may be permanent and steady, we remain with kindest regards,

Sincerely yours,

P. S.—You may be certain to receive as large a contract for space next year as we give to the very best paper upon our entire list.

We could include a large number of such good letters, but the above is sufficient to show the way the dial points.

Character and Education.

In discussing the subject Dr. Walter Schell, of Indianapolis, in a public address on medicine as a profession, says:

"Character is, after all, the measure of success. It is the only thing

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which men really respect. Wealth may bring one to a certain social position, may dazzle human mouths with its light and glamour, but if the getting of money be the chief object of one's life, the ideal is material and base. In that great struggle beginning with the cradle and ending with the grave, the only really worthy object possible for us is the building of character. Education builds character, and medical education is largely responsible for ideals.

"Good manners rest upon a physician like a robe of purple. It is the royal robe. For purely business reasons, if for no other, let me advise you to cultivate the graces of life. Nothing will be lost if part of one's time is given to social duties. Medicine has so expanded as a science that it is impossible for any intellect to cover all the ground, yet, doctors should never wholly neglect polite literature. The doctor should read the classics, and have them in his library. He should also know something of history and fiction, and the collateral sciences. Art and music should appeal to him. We are so constituted that the mind is at once rested and improved by broad culture. Monotonous toil wears out the brain and unfits us for broad and liberal training even in special lines. It is very gratifying to know that students entering upon the study of medicine are much better educated than those who sat upon the benches a generation ago. Education best fits one for effective work if not too narrow and special. A man all doctor is not a good one, and this is the reason that medical colleges have been raising the standard of preliminary education. This standard is necessary in order to read and comprehend the textbooks. It goes without saying that one with a knowledge of Greek, Latin, German, French and Italian will enjoy and understand the literature of his profession much better than one who has not these attainments. The world has become very small and a physician who would lead the medical thought of his community must make the literature of the great civilized nations his own."

Mobile Medical and Surgical Journal.

Just as we close this issue of the Journal we find on our table the Mobile Medical and Surgical Journal. We regret that our time and space forbids making further comment in this issue than to wish for our friend, Dr. Marechal, and his Journal the greatest degree of success, and we extend to him our most cordial greetings as he enters the Journalistic field.

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Physicians and Preachers.

(Communicated to the Alabama Medical Journal.)

Published by Request.

Much is being said and written about comity. Freely translated it means true politeness. It ranks as a high gift and adorns the manners of the real gentleman. It is not the highest, but when thoroughly understood, and pushed to its ultimate uses, is the best proof of the highest gift of nature and nature's Creator. Genuine politeness compells a recognition of another's rights, abilities and responsibilities. In a social compact like ours there is constant need of this grace. Knowing the rights of others the true gentleman will respect them. Thus, and thus only, may be avoided jars and friction in association with each other. And this desirable state of things may be attained in every trade, profession and calling. Understood and utilized it will abate most of the acrimony of life and bring in a reign of peace and good will. But this article concerns two classes—the M. D.'s and Ministers. In the very nature of things they most need this grace and have daily opportunity for the display of its potentialities and beauties. In some respects their work lies side by side. Their sympathies and obligations bring them in contact with the same classes. To a given extent these lines run parallel. Certain divine and human conditions make them one in interest and effort. "Those whom God hath joined together let not man put asunder." "We be brethren" in a very delicate and high sense. Thus far their concern is mutual. Up to a given point their rights and prerogatives are equal. Neither can dogmatize or claim superior advantages. They enter the sick chamber together and with some duties in common. The thoughtful family notify the pastor when they send for the physician. After this their visits, in most cases, are at their discretion. Each becomes responsible, in his peculiar relation to the patient, for the kind and extent of attention. Beyond these general averages comity does its best work. The object of this writing is the better to define the relation of the two to the end we may work in harmony for the good of those we seek to serve and save. Preachers do well to bear in mind that the chief—if not supreme and only—concern of the M. D. is for the physical welfare of his patient. This does not argue indifference to his spiritual fate. A reasonable interest in his religious condition may consist with seeming absorption in other directions. We concede to him an intense desire for the recovery of his patient. His professional obligations, to say nothing of his reputation, are involved. And yet we can hardly afford to concede him a greater anxiety than is in the heart of the true pastor. The doctor must be allowed to prescribe remedies,

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suggest diet and the character and amount of attention given the patient. If company is allowed he has the right to interdict the discussion of such subjects as might injure his patient and retard his cure. In this realm he is absolute and sovereign. To deny him this much is to question his medical skill and invade inherent rights. On the other hand the preacher has been taught that he has a special mission to the sick and is under obligation to do all in his power for their comfort and alleviation. The Master names such service as proof of devotion to him, and promises reward when he comes "to make up his jewels." For the pastor to be indifferent to his afflicted parishioners would be construed as criminal. If he be a discreet man the physician has nothing to dread from his visits. He will know when and how to visit. The M. D. is supposed to know the duty and rights of the pastor, and if a Christian, (as all such ought to be) will enter heartily into his sympathies and join in prayer with him for the sick man and his anxious family. To deny the pastor access to his parishioner might seem, and will be construed as cruel, especially should he die. The living are solicitous for definite information as to the religious experience of their relatives and friends during sickness and dying. On all sides it is considered the most reliable testimony to be had. The wise pastor avoids all allusion to dying. Emotions thus stirred and resolves thus extracted are unworthy. The masses very rightly have but little confidence in so-called "deathbed repentances and professions." Such appeals are calculated to excite motives too low to defend and too puerile to depend upon in the presence of a Judge like Jesus Christ.

It may be well for the M. D.'s to know that there is a persuasion upon the public mind that practice in the concrete has large advantages over that in the abstract. Hence many of them not only encourage prayer, but do much of it themselves. The practice of medicine and the ministries of religion have been put into holy wedlock by the Bible. Right minded people have no patience with so-called Christian Science and Faith Cures. St. James, like a sensible man, teaches us to use both medicine and prayer for the sick. If the M. D. shut off the pastor at this point he will have assumed a fearful responsibility and deprived him of a good opportunity to be a blessing to the home. Besides he will lose from his practice a strong ally. Apart from any divine effect the wise and cheerful pastor will often prove a stimulant to the patient. This gives him a certain value if no higher good comes of his visits. He never mentions the subject of death and discusses a program of better living when health returns.

The pastor is supposed to be equally concerned with the doctor for

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the recovery of the patient, and will gladly co-operate with him in all his efforts. It belongs rightfully to the minister's calling to have another care not necessarily absorbing the thought of the physician. He owes the sick person and the family a special duty. He ought to be allowed an opportunity to ascertain the spiritual state of the sick. This can be done just as in health by judicious questions. Let the interviews take the form of an old fashioned Methodist class meeting. This is sensible and may be made salutary. If defects are discovered they can be remedied just as in health. All this of course on the assumption that the patient is thoroughly rational and sufficiently free from pain to think and reason. The M. D. must not answer that the faithful pastor is supposed to be in possession of all these facts before the sickness came. He may be well informed up to that date, but his friend has entered upon a new experience and is being subjected to new tests of his faith. The pastor and others are anxious to know how he meets these new conditions. To this end he ought to be allowed (unless in exceptional cases) free access to the sick from "start to finish," be that as it may. If recovery come or death ensue the pastor will be familiar with the one and the other. To be shut out until the patient is in extremist is hardly fair. And yet preachers and friends have been thankful for even so small a chance to perform needed services. Instances multiply where the singing and praying thus allowed have brought those dying back to life. Of course if required to explain the seeming miracle the M. D. will tell you that the services produced a reaction and thus saved the patient. The M. D. ought not to object, if by way of rejoinder, he be told that the Lord can do some things not yet in reach of medical science. No one is humiliated by such a truth.

M. H. Wells.

Birmingham, Ala.

The attention of our readers is called to the advertisement of Robinson-Pettet Company, which appears on page 12 of this issue.

This house is one of long standing, and enjoys a reputation of the highest character.

The preparations referred to, we commend specially to the notice of practitioners.

PHYSICIAN—Good location; desiring to move to city I offer a splendid location to a physician who will purchase my house and lot; nearest competition 6 miles; fine country; nice people; average cash collections for ten years, $2 242.55 per annum. For particulars address M. D., Sumterville, Ala.

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Miscellaneous Notes.

NEW ORLEANS POLYCLINIC

Now in session fifteenth year. Closes May 31, 1901. Physicians will find the Polyclinic an excellent means for posting themselves upon mod ern progress in all branches of medicine and surgery. The specialties are fully taught, including laboratory work. For further infomation, address Dr. Isadore Dye, Secretary, New Orleans Polyclinic, Postoffice box 797, New Orleans, La.

A first-class Surgical chair for sale at this office cheap.

Dr. R. L. Bowcook, of Anniston, was in to see us during the month.

H. T. Heflin has returned from New York, where he spent several weeks in hospitals.

Dr. D. E. Cason, of Kymulga, called to see us a few days ago and paid his subscription to Jan. 1, 1903.

Dr. D. F. Talley was elected a member of the Board of Censors for Jefferson County by the Medical Society Jan. 13, 1902.

Dr. J. A. Sanders, of Henry Ellen, remembered the Journal while in the city a few days ago by giving two silver dollars and wishing us well.

Dr. E. H. Sholl continues to remember the Journal by his remittance of subscription for 1902 and a kind word, wishing the Journal success and a sphere of usefulness.

Dr. A. J. Peterson, of Hanover, Ala., under date of Jan. 11, 1901, writes: "Please find enclosed check for two dollars for which continue the Journal to my address another year."

Dr. J. D. Gibson has been tendered a chair in the New York Post-Graduate School of Physical-Therapeutics, and the doctor is seriously considering the offer and may accept it.

Dr. W. B. Arberry, of Jacksonville, Ala., who has been a reader of the Journal for ten years, writes us a good letter and sends check for $2, payment of his subscription to Jan. 1, 1903.

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Dr. John M. Whiteside, of Old Calhoun, sends us a check for $5 and pays his subscription to Jan. 1, 1903. Dr. Whiteside has been a good friend to the Journal—as subscriber and contributor.

It is impossible to mention all those who have recently remitted for subscription, but the Journal is profoundly grateful for the many kind assurances of support and for the substantial help which come from all over Alabama.

In all efforts to promote the highest and best interest of the medical profession we must not lose sight of the fact that in "union there is strength.' An exchange quoting Rollins, says: "God's best gift to us is that he gives not things, but opportunities."

The Jackson County Medical Society met Jan. 9th, and elected the following officers for 1902: President, Dr. W. C. Sanders; Vice President, Dr. T. E. Callan; Secretary and Treasurer, Dr. J. P. Rovex; Health Officer, Dr. J. W. Boggess. The meeting was largely attended.

Mobile County Medical Society elected officers for 1902 at a meeting of the society, held Dec. 21, 1901. President, Dr. W. T. Henderson; Vice President, Dr. Chas. A. Mohr; Secretary, Douglas G. Campbell; Treasurer, J. Grey Thomas. Dr. Thomas was also elected a member of the Board of Censors.

Dr. J. H. Ferrell, of Brookwood, Ala., called to see us during the month, and subscribed for the Journal. Dr. Ferrell is a graduate of the Birmingham Medical College and stood well in his class. He also made a good record before the Calhoun County Examining Board, making an average of 93.

Making it ethical to do contract practice by a resolution of the State Medical Association was a risky business, as a member of the committee which offered the resolution we so stated at the time, our observations convince us more and more of the correctness of the views expressed at the time.

At the meeting of the Montgomery County Medical Society, held Dec. 14, 1901, the following were elected officers for the year 1902: President, Dr. Glen Andrews; Vice President, Dr. J. M. Saddler; Secretary, Dr. Charles T. Pollard; Treasurer, Dr. Shirley Bragg; County Health Officer, Dr. R. N. Pitts.

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The Sanitary Commission of Jefferson County have employed an expert engineer to examine and submit plans for the water supply of Birmingham. This is the result of the efforts of the Jefferson County Medical Society and carrying out the suggestions made to the commission by the special committee representing the society.

No other attribute contributes more to the dignity and elevation of the medical profession than that of a true, honest, loyal, personal friendship for each other. There should be no room in the heart of a high-toned doctor for those little "niggardly" mean, scheming, knaving thoughts which would lead to belittling his fellow practitioners.

In the discussion of medical subjects and papers before the medical societies, there should be the fullest, freest latitude and no one should feel that a criticism of positions taken on medical questions are meant to be personal. The best friends are those who feel the liberty to freely discuss a question and if necessary to bring out what he believes to be the facts.

Conecuh County Medical Society held an important meeting in the city of Evergreen Wednesday, Jan. 1, 1902. Dr. William F. Betts, the retiring President, delivered an address which covered the work of the society the past year. Dr. P. M. Bruner was elected President for the ensuing year. Dr. W. B. Shaver and others reported and discussed some interesting cases.

Notwithstanding the large number of Hypophosphites on the market, it is quite difficult to obtain a uniform and reliable Syrup. "Robinson's" is a highly elegant preparation, and possesses an advantage over some others, in that it holds the various salts, including Iron, Quinine, and Strychnine, etc., in perfect solution, and is not liable to the formation of fungous growths.

At a meeting of the Madison County Medical Society, held in the city of Huntsville Tuesday, Jan. 7th, the following officers were elected: Dr. W. D. Pettus, of Rep, President; Dr. Felix Baldridge, of Huntsville, Vice President; Dr. Edgar Rand, of Huntsville, Secretary and Treasurer; Dr. W. C. Wheler, Censor and Health Officer. A large attendance of physicians was present.

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We acknowledge an invitation to attend a meeting of the Talladega County Medical Society and a banquet given by the society on the evening of the 8th inst. and regret that a pressure of business prevented us from enjoying this occasion with our good friends, the doctors of Talladega. This society is composed of doctors who take an interest in the highest and best work of the profession.

A prominent physician of Boston says:

"I have time and again been summoned as a witness in divorce proceedings and other cases and have never had any difficulty in securing release from testifying by the court accepting my plea that I had no knowledge save that which I had gained as family physician.

"I believe a physician unless released on this ground if forced to testify should 'perjure himself like a gentleman,' if necessary."—Ex.

We call attention to an article which we publish this month, relating to the physiologic action of petroleum. These experiments are along the lines carried out by an eminent English physician and the petroleum preparation used was Angier's Petroleum Emulsion, which is the original and the first petroleum placed before the medical profession. Angier's Petroleum Emulsion is today prescribed by leading physicians of this country and Europe and its value in therapeutics is thoroughly established.

Jonathan Hutchinson, F. R. S., General Secretary of the New Sydenham Society, has requested Messrs. P. Blakiston's Son & Co., of Philadelphia, the American agents of the society, to announce the publication of "An Atlas of Clinical Medicine, Surgery and Pathology," selected and arranged with the design to afford, in as complete a manner as possible, aids to diagnosis in all departments of practice. It is proposed to complete the work in five years, in fasciculi form, eight to ten plates issued every three months in connection with the regular publications of the society. The New Sydenham Society was established in 1858, with the object of publishing essays, monographs and translations of works which could not be otherwise issued. The list of publications numbers upwards of 170 volumes of the greatest scientific value. An effort is now being made to increase the membership, in order to extend its work.

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Society Reports.

NEW YORK ACADEMY OF MEDICINE—SECTION OF ORTHOPÆDIC SURGERY.

(Meeting of Nov. 15, 1901).

GEORGE R. ELLIOTT, M. D., Chairman.

Dr. Homer Gibney read a paper on the "Orthopedic Operations for Intractable Cerebro-spinal Lesions," and reported two cases recently operated on in which marked improvement in locomotion was noticed. The two cases reported were Friedreich's ataxia. The incoordination of the lower extremities was in a measure overcome by tenotomies and fasciotomy for correction of the existing pes cavus and trigger toe.

He insisted on first correcting the deformity and then with properly adjusted apparatus worn for a long time—claimed marked benefit and in many cases complete removal of the interference incident to the paralyses.

Dr. Henry Ling Taylor said he agreed with Dr. Gibney in regard to the great value of operative procedures in properly selected cases of paralytic deformity, particularly in children. While it was true that operations designed to remove deformity or restore stability to a helpless limb not infrequently resulted in disappointment, owing to imperfect mechanical treatment afterwards, it was no less true that mechanical treatment was often imperfect or unduly prolonged by the failure to grasp the indications for operating.

Dr. John M'G. Woodbury said he could not discuss the paper as he came late and did not hear it, but expressed the opinion that chiefly operative procedures held out any possibility of recovery or permanent improvement; non-operative measures alone were simply paliative.

Dr. George R. Elliott said the field referred to was a large one and many a cripple was bed-ridden or going about with contractures and post paralytic deformities that could and ought to be relieved.

He cited as an example a patient upon which he had recently operated who had been bed-ridden for three years owing to post typhoidal contractures of spinal origin. By proper tenotomies, manipulation and subsequent use of apparatus the girl was now walking quite as well as ever.

Dr. Henry Ling Taylor read a paper, entitled "The effect of osteitis of the knee on the growth of the limb." From measurements of the

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femorae, tibiae, feet and patella during or after osteitis of the knee in forty cases where the disease had begun in childhood, the following conclusions were reached:

1. The affected limb, if approximately straight, was longer in the first four years in the large majority of cases. In observed cases of adolescents and adults it was from one to several inches shorter, when the disease had lasted over seven years.

2. The affected femur was nearly always longer in the first four years, and the lengthening of the limb mainly due to lengthening of the femur. In the older cases, after a duration of seven years or more, the femur was markedly shortened.

3. The tibiae were usually equal in length in the early stages; later the tibia of the affected side might be slightly longer for a time, but oftener shorter; the shortening increased considerably in the older cases, and after the subsidence of inflammation.

4. With limbs of equal length and a duration of several years, the femur of the affected side was found longer and the tibia shorter than its mate.

5. The foot and patella showed a difference in favor of the sound side after one year and frequently before.

6. The stimulation of growth in the affected femur was accompanied by a retardation in the tibia, foot and other parts; growth in the femur itself was finally retarded. The result after many years was often considerable shortening of the limb.

Dr. T. Halsted Myers said that his observations were almost identical with those given by the reader of the paper. In fifteen cases observed by him the lengthening was generally in the femur, and in some cases the femur lengthened while the tibia shortened, in others both bones were lengthened. This occurred during the active stages of the disease, but he could not speak positively as to the ultimate result. He thought it probable that, if the knee recovered with good motion, there was less shortening, and wished to ask Dr. Taylor whether he noticed that limbs left with stiff joints shortened more than the others. The proper functioning of the joint after the cure of the disease was a most important element in securing the best nutrition and development of the limb.

Dr. H. A. Parish stated that there was no doubt about ultimate shortening in the majority of cases. He cited, however, the case of a girl aet. 16 years, disease of 13 years' duration, remarkable for great lengthening during the active stage of the disease. After a partial excision ten years ago, and recently a supra-condylar osteotomy of the femur, and a cuneiform section of the tibia for the relief of

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flexion deformity, there existed only 3-8 of an inch shortening, with limb at angle of 175 degrees.

Dr. V. P. Gibney said that years ago Dr. Berry had called attention to the subject of the reader's paper, and from examination of 50 cases had found the femur had grown in length. In his own practice he had been disappointed not to find lengthening. While lengthening was generally believed to be the rule, it could be readily understood how shortening might occur from interference with the nerve supply by pressure of the head of the tibia on the popliteal space. He referred to a patient seen ten years ago who had 1 1-2 inches lengthening after a long course of protection treatment. The girl was still young and the joint disease cured; she was allowed to use the limb freely and atrophy set in. At the same time the joint of the healthy limb was protected and after four or five years the normal femur lengthened and the diseased one shortened, so that 1-4 inch difference was the final result.

Dr. Taylor, referring to Dr. Myers' question, said that lengthening of the femur was the rule while the disease was active, and it was probable that more shortening occurred in the deformed and badly managed cases. In the latter, the final result would usually be considerable shortening in adult life. He referred to the work of Leusden, who took measurements of radiograms, and reached conclusions nearly identical with his, except that Leusden had no opportunity to study adult cases where the disease had begun in childhood.

Dr. V. P. Gibney asked Dr. Taylor how he accounted for the shortening in neglected cases. Dr. Taylor replied that he considered it due to retarded growth.

Dr. V. P. Gibney said he was at a loss to understand why the bones shortened and would be glad to look over the statistics presented by Dr. Taylor. He supposed Dr. Berry's cases would be called neglected cases.

Dr. Taylor said that his statistics in the majority of instances were not made from neglected cases, though it was probable that most of the adult cases might be called neglected.

THE MEDICAL EXHIBIT AT THE WORLD'S FAIR.

The Medical Society of St. Louis has taken an important step—one which should have the support of all the medical journals of this country. At a recent meeting of the society a committee was appointed to formulate recommendations and report to the society. The report in part is as follows:

1. The fundamental idea in representing the advances in medicine, both public and private, as well as its present status, should be to make

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the World's Fair, so far as it relates to this branch, an "Educational Exhibit" in the broadest sense of the word.

To do this successfully there should be set aside a building to be designated as the "Medical Building." In it should be represented all that embraces the advances in hygiene or preventive medicine, as well as those things which are used for the treatment of diseases and for the propagation of medical knowledge.

(a) This building should be constructed upon the most approved architectural plan so far as sanitary surroundings are concerned. A model room exhibiting methods of ventilation, the construction of walls to insure cleanliness, a bath room with proper plumbing, etc.

(b) The building should contain an exhibit of the methods and means of teaching medicine.

(c) An exhibit illustrating the means employed in the treatment of disease, under which head pharmacy, foodstuffs, etc., should be arranged.

(d) An exhibit of modern hospital, showing the construction and furniture of the sick room and operating room, and the paraphernalia necessary to take care of the sick and injured. This sick room should be in charge of a corps of trained nurses and from it might be sent out daily at stated hours ambulances, exhibiting the method of transporting the sick and injured.

(e) There should be an exhibit, properly classified, of preparations and specimens illustrating the effects of injury and disease upon the human organism.

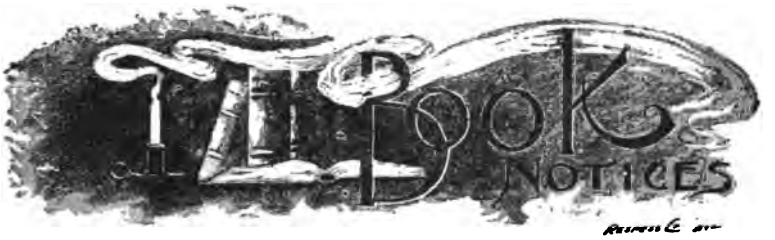
(f) Medical literature as represented by medical books and periodicals.

2. In order to secure the attendance of those specially interested in matters medical and hygienic, an effort should be made to select St. Louis as a meeting place for the national, state and local medical societies. To do this it would be necessary to give the widest possible circulation through the medical press of the medical exhibit, as well as to stimulate the attendance by invitation, or otherwise, of distinguished medical men at the meetings of the local medical associations.

3. There should also be printed for distribution to medical men a history of medical matters that appertain to the territory of the Louisiana Purchase and, from the scientific standpoint, a collection of the statistics of diseases and operative procedures which are peculiar to or had their origin in the purchase territory.

4. There should be published a detailed account of things especially interesting to medical men which are found in the city of St. Louis; such as the hospitals, the medical schools, the clinics conducted at the various hospitals, together with the times at which operations are held, etc.

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ANDERS' PRACTICE OF MEDICINE.

A TEXT-BOOK OF THE PRACTICE OF MEDICINE. By James M. Anders, M. D., Ph. D., LL.D., Professor of the Practice of Medicine and of Clinical Medicine, Medico-Chirurgical College, Philadelphia. Fifth Edition, Thoroughly Revised. One handsome octavo volume of 1,297 pages, fully illustrated. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, $5.50 net.

The success of this work as a text-book and as a practical guide for physicians has been truly phenomenal. Five large editions have been called for in less than four year. The rapid exhaustion of each edition has made it possible to keep the book absolutely abreast of the times, so that Dr. Anders' book has become justly celebrated as a thoroughly up-to-date work on the practice of medicine.

In this edition the most thorough and extensive changes have been made in connection with the large group of Infectious Diseases. No pains have been spared to present modern views, derived from clinical experience and critical bedside observation as well as newly-discovered scientific facts. Especial care has been bestowed upon the etiology, including bacteriology, inductive diagnosis, and the details of treatment, in the belief that these phases of the subjects treated from the groundwork for an intelligent and successful pursuit of the science and art of medicine.

The etiology and mode of transmission of Malaria and of Yellow Fever have been almost entirely rewritten. Certain affections of growing importance, as Diphtheretic Dysentery and Parasitic Hemoptysis, have been recast and more fully discussed. A few new articles have been introduced; for example, Fatty Infiltration of the Heart, Streptococcus Pneumonia, and Acute Diffuse Interstitial Nephritis. Among leading infections that have received careful and thorough revision are Typhoid Fever, Malaria, Cerebro-Spinal Meningitis, Lobar Pneumonia, Influenza, Variola, Chronic Tuberculosis, and Hydrophobia. The entire work, moreover, has been carefully scrutinized and brought into harmony with the most recent developments in practical medicine.

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AMERICAN EDITION OF NOTHNAGEL'S ENCLYCOPEDIA.

For Review—Typhoid and Typhus Fevers.

TYPHOID AND TYPHUS FEVERS. By Dr. H. Curschmann, of Leipsiz. Edited with additions, by William Osler, M. D., Professor of the Principles and Practice of Medicine, Johns Hopkins University. Handsome octavo of 646 pages, illustrated, including a number of valuable temperature charts and two full-page colored plates. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, $5 net; Sheep or Half Morocco, $6 net.

The original German edition of this volume is universally recognized as the standard authority on the subjects of which it treats. The American edition, however, even surpasses the German, for besides containing all the material of the original, extensive additions have been made to almost every chapter, thus incorporating into the work the very latest views on the subjects under discussion.

The chapter on Bacteriology has been thoroughly revised and much new material added, giving prominent consideration to the distribution of the typhoid bacilli, especially in the urine, the rose-spots, and the blood.

To the chapter on Pathology many minor additions have been made, incorporating the important work of Mallory. The literature on the localized lesions due to the bacillus has been carefully reviewed and made to conform to the most recent advances in that part of the subject. Thayer's exhaustive study of the state of the blood has been utilized, and the Surgical Aspects of Typhoid Fever have been fully revised with the aid of Keen's monograph.

Much valuable material has been added to the chapter on Diagnosis by Bacteriologic Methods, particularly with reference to the recent work in blood-cultures and on the detection of bacilli in the urine.

The chapter on Perforation and Peritonitis has been practically rewritten, as has also the section on the Hepatic Complications of Typhoid.

Thus it will be seen that the American edition of this valuable work, while still possessing all the commendable qualities of the original German, is greatly enhanced in its field of usefulness by being brought strictly abreast of the latest literature on the subjects, and by the representative specialists.

LOCKWOOD'S PRACTICE OF MEDICINE.

A MANUAL OF THE PRACTICE OF MEDICINE. By George Roe Lockwood, M. D., Professor of Practice in the Woman's Medical

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College of the New York Infirmary. Second Edition, Revised and Enlarged. Octavo volume of 847 pages, with 79 illustrations and 20 full-page plates. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, $4 net.

This work presents the essential facts and principles of the practice of medicine in a concise and available form, adapted to meet the requirements of those who heretofore have been obliged to resort to the larger works of reference.

The entire book has been subjected to a thorough revision. Many portions have been rewritten and a number of subjects have been introduced. Among the new sections may be mentioned Bubonic Plague, Gastroptosis, Gastric Analysis, and Reichmann's Disease. The subject of Malaria has been entirely rewritten. The section on Diseases of the Digestive System has also been largely rewritten, especially the following subjects: Gastritis, Dilatation of the Stomach, Gastric Atony, Ulcer of the Stomach, Gastric Neuroses, Enteritis, Colitis, etc.

The descriptions of diseases and their treatment given are terse and clear, and the work gives in a most concise manner the points essential to treatment usually enumerated in the most elaborate works.

HIRST'S OBSTETRICS.

A TEXT-BOOK OF OBSTETRICS. By Barton Cooke Hirst, M. D., Professor of Obstetrics in the University of Pennsylvania. Third Edition, Thoroughly Revised and Enlarged. Royal octavo, 873 pages, with 704 illustrations, many of them in colors. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, $5.00 net.

Immediately on its publication this work took its place as the leading text-book on the subject. Both in this country and in England it is recognized as the most satisfactorily written and clearly illustrated work on Obstetrics in the language. The outcome of a large practical experience, it is clear, comprehensive, original ant up-to-date. The illustrations form one of the features of the book. These are numerous and are works of art, most of them being original.

In this edition the book has been thoroughly revised. New matter has been added to almost every chapter, notably those treating of Diagnosis of Pregnancy, the Pathology of Pregnancy, the Pathology of Labor, and Obstetric Operations. More than fifty new illustrations, including three colored plates, have been introduced. The literature of the subject has been carefully reviewed, and the most important references since the last edition are given.

For students and physicians alike this will be found one of the most satisfactory books on the subject of Obstetrics.

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PENROSE'S DISEASE OF WOMEN.

A TEXT-BOOK OF DISEASES OF WOMEN. By Charles B. Penrose, M. D., Ph. D., formerly Professor of Gynecology in the University of Pennsylvania. Fourth Edition, Revised. Octavo volume of 539 pages, handsomely illustrated. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, $3.75 net.

Regularly every year a new edition of this excellent text-book is called for, and although it is distinctly a text-book, it appears to be in as great favor with physicians as with students. Indeed this book has taken its place as the ideal work for the general practitioner. The author presents the best teaching of modern gynecology, untrammeled by antiquated ideas and methods. In most instances only one plan of treatment is described. This is a great advantage, since it prevents confusion on the part of the reader and also gives space for carefully detailed instruction in the methods recommended. In every case the most modern and progressive technique is adopted, and the main points are made clear by excellent illustrations.

The new edition has been carefully revised, much new matter has been added, and a number of new original illustrations have been introduced. In its revised form this volume continues to be an admirable exposition of the present status of gynecologic practice in this country.

ANTIKAMNIA AND HEROIN TABLETS IN PREVALENT GRIPPAL CONDITIONS.

Thos. G. Rainey, M. D., L. R. C. P., Resident Physician, British Medical Institute, Atlanta, Ga., in a recent article, states that the comparatively new combination of drugs, antikamnia and heroin tablets, which has been so largely used for the control of cough, is also being successfully employed, to a large extent, in the treatment of nearly all affections of the respiratory tract, which are accompanied by dyspnoea and spasm, namely: Asthma, Bronchitis, Laryngitis, Pneumonia, Phthisis, Whooping Cough, Hay Fever, La Grippe, etc. In cases in which the patients were suffering from the severe attendant pain of these diseases, it was found that this combination acted most satisfactorily. Each tablet contains five grains of antikamnia and one-twelfth grain heroin hydrochloride. One tablet was followed by a rapid diminution of pain, and after the third tablet the pain entirely disappeared. In treating the affections enumerated above the dose is one tablet every two, three or four hours according to indication.

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Original Communications.

MALARIAL TOXAEMIA AS A CURE OF PUERPERAL CONVULSIONS: WITH REPORT OF TWO CASES.

By E. O. WILLIAMSON, M.D.,

GURLEY, ALA.

To first argue the theory that malarial toxaemia may and does produce the accumulation of symptoms known as eclampsia, it will first be necessary to bring before you the cause of eclampsia. Eclampsia is not really a disease, but an accumulation of symptoms that we recognize as a disease but have certain and well defined causes for their production—they are a collection of symptoms characterized by convulsions of epileptiform seizures that come on prior, during, or after labor, but looking at it from an etiological or pathological standpoint is no more a disease than fever is a disease, but as we never have a variation from the normal standard of health without a cause, so in this disease we have a real etiological factor and to the study of this I now hasten on.

The physician who makes systematic examinatons of the urine of all pregnant women who are placed under his care for the ordeal of delivery, not alone for albumen and casts, but for urea also, and who keeps check on amount of urine passed during the twenty-four hours, such a physician will never be caught napping and he will rarely if ever have a case of puerperal convulsions to treat. So easy to prevent, but when once they come on they are sometimes fearful in their effects, we know with diminished urea that toxaemia is more apt to take place, so you may and do have toxaemia though there has been no suspicion of nephritis throughout the pregnancy, but as the danger of urea

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collecting in the system producing toxaemia which we claim is the underlying cause of eclampsia.

The clinical symptoms in cases differ some, but in most cases we have some of the most prominent symptoms of a blood toxaemia and we have some warnings that some impending danger is about to overcome our patients. The first symptoms are those we attribute to the poisoned blood, effects upon the sensitive nerve cell and headache very constant, symptom in all these cases, floating specks before the eyes, very often very sick stomach, difficulty of mind concentration, and in all cases some variation of normal standard. Upon examination of urine you will find diminished excretion so the balance between excretion and secretion are disturbed so you have then the cause that produces the effect and results in blood toxaemia. You may have albumen and casts, it is owing to whether you have nephritis complicating your deficiency of excretion or not, should you have this condition of course much worse for your patient. Now have your most prominent excretory organ diseased and you have quite a much more complicated state to treat. When we accept that the difference that exists between secretion and excretion that we have in disease as the true cause of toxaemia, and accept the theory that toxaemia is the real etiological factor causing this collection of violent symptoms, we call eclampsia. The study of this disease is quite simple for it offers us a reasonable, sensible theory of its causation and does away with the old worn out theory of the pressure of the gravid uterus upon renal veins—a theory that now has no adherents and was never at any time worthy of the sanction of medical men. Of all the ridiculous theories I have ever read, it had less to commend it than any theory I have ever read of upon any disease, and this old worn out theory has done more to make this purely symptomatic disorder difficult and complicated than anything else. We know when the body is in healthy normal condition there is perfect balance between the secretory an excretory organs.

Now let's see what happens when we have this balance disturbed. We have the blood taking up the waste products of cellular action and then we have blood that is pathological and capable of producing disease in our body. During the pregnant state the blood alters in quality, also in quantity, becomes more watery. Albumen and urine falls below the normal and when we remember that all activity is greatly increased during pregnancy excreminitious substances quickly collect in our system, great strain put upon the organs of excretion and at any time this condition of equilibrium between secretion and excretion may be disturbed and we have all the necessary conditions to produce a genuine fit, and it stands very much to reason if this is

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apt to occur and does occur where there is no nephritis complicating the toxaemia it will much easier occur where you have a nephritis. When a woman becomes pregnant who has chronic nephritis she is in grave danger of the grave affection of eclampsia. She should be carefully watched after and she can safely be carried through her pregnancy by treating her intelligently along the lines of elimination of waste products and the failure of elimination of the kidneys when diseased is about all the kidneys have to do with eclampsia—that is to say, failure of the function produces or predisposes to blood toxaemia, and should the skin, bowels and lungs act vicariously we may then not have eclampsia, no matter how grave the kidneys are affected. It is very probable that nephritis may be sometimes caused by blood toxaemia, poisoned blood being constantly filtered through the tubules of the kidneys producing irritation and causing them to shed their epithelium and render the tissues good and favorable soil for bacterial development and then we have a true inflammation.

Now if we accept the theory of blood toxaemia as the underlying etiological cause of eclampsia, then we come to our subject proper, malarial toxaemia. We find the same charging of the blood of excrementious substances as we do in any other blood toxaemia; we find the balance existing between secretion and excretion disturbed and find blood charged with malarial parasites as well as other poisonous substances. So I do not claim that malaria itself causes puerperal convulsions proper, but its effect upon the secretory as well as the excretory organs is such as to keep the balance disturbed and blood toxaemia results same as from any other causes, the eclampsia comes on as a consequence of this toxaemia. In malarial toxaemia we find that there is diminished urea, also diminished amount of urine passed during the twenty-four hours. Variations in function of liver and other secretory organs as well as the other excretory organs. Then if some condition that we recognize as eclampsia comes on from this blood toxaemia from the etiological factors, why not from malarial toxaemia. That it does I think my two cases establishes without a shadow of a doubt.

FIRST CASE.

Time, July 20, 1900; Mrs. W. H. H.; first pregnancy, age 21. Stout robust woman, seven months advanced in pregnancy. I will here state I was never asked to wait on her during her confinement. Was sent for on July 20, 1900; patient lived seven miles in country; the messenger said patient was pregnant and had a fit. I suspected trouble and went prepared with the usual remedies. I found her at 2 o'clock in night

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having convulsions and unconscious between the attacks, which came on at intervals of about 15 minutes. My first procedure was to perform venesection, which I did successfully, obtaining dark easy co-agulated blood. The convulsions continued on. My next procedure was to give 10 drops Tr. ver. vir. and repeated in one hour. Convulsions continued. During this time I was administering chloroform, but deep chloroform narcosis only controlled the convulsions and did not prevent them returning. Upon examination I found uterus dilated. With my two first fingers I hastened dilatation—head come down, applied instruments and delivered child, which was dead. The convulsions continued. I then gave 60 grs. Bromide Pot. and 30 grs. chloral per rectum, but convulsions still continued. It was now noon, July 21, 1900. I came home, returned at 3 o'clock. She was still having convulsions. Upon examination I found her axillary temperature 104. At 5 in evening she had a free sweating stage. Convulsions continued. I suspected malaria. Gave 10 grs. Bisulp. quinine, hypodermically; repeated in 4 hours. After first dose of quinine she had only three convulsions; when they ceased she became conscious at 4 o'clock on morning of July 22nd. I continued use of quinine; she made a rapid recovery. I will also state no albumen in urine though upon inquiring found she had the premonitory symptoms, though no oedemia of legs.

SECOND CASE.

August 15, 1901. Mrs. E. C. L. Fourth pregnancy. She had never had any complication of pregnancy, but had had phlegmasia. Was at her bedside when first convulsion came on. She lived in an intensely malarial section. Upon examination found uterus dilated. Applied instruments, delivered her of full grown, very well developed child, which lived. At the time of her first convulsion, during the interval, found axilliary temperature 103 1-2 in 2 hours; by wrapping in warm blankets sweating stage came on. She had had up to that time six convulsions. Remembering my experience with the other case I gave her quinine, same method as my other case. One hour after first dose convulsions ceased. She never had any more convulsions and made an uninterrupted recovery. Now if you say that it was my treatment other than quinine in first case, it certainly could not have been that in the second case. I bring the subject before the Society with the report of these two cases, and hope the discussion may prove beneficial to us mutually. I do not know your views upon the subject, but I am convinced that the eclampsia was caused solely from malarial toxaemia.

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THE CONSERVATIVE SURGICAL TREATMENT OF APPENDICITIS.*

By W. E. Fitch, M.D.,

SAVANNAH, GA.

Mr. President and Gentlemen:

When asked by the efficient chairman of our programme committee to prepare and read a paper before this meeting, I was at a loss to decide upon a subject which would interest you, but felt that thought and experience justified the choice of a topic of such widespread interest as the one I have chosen, even though the literature of the past few years teems with contributions to the subject. It needs no apology that I should speak of that which has appalled the modern surgical world by its gravity and ravages, and taken from us some of our brightest lights, best leaders and co-workers—Agnew, Little, Griswold, Lincoln, and a host of others—which has come to the doors of our homes and stricken so quickly when it does come. The subject has few rivals in the domain of surgery, and takes first rank today with typhoid pneumonia and rheumatism in medical thought.

There is yet a widespread division in practice as to the wisest care of any case; one class of practitioners will urge a non-operative course of treatment, others will urge an immediate operation.

I shall therefore speak on The Conservative Surgical Treatment of Appendicitis, and will not attempt to review its history, nor worry you with statistics, or make an exhaustive consideration of the subject, enumerate the numberless contributions to its literature, nor reiterate the oft-repeated methods of operation, but will try to impress upon your minds the advantages of, and necessity for, the early operation in all cases of appendicitis.

The term "conservative surgery" is misleading, and as interpreted frequently conveys the wrong impression. It usually implies refraining from an operation. Ideal surgery, in the broadest application of the term, is preventive surgery.

What is conservative surgery in appendicitis, and to which class of practitioners does the term apply? Those who operate promptly, delaying no longer than necessary to make careful preparation; or, those who wait for symptoms which render an operation imperative; or, again, those who, as a matter of routine, trust to the vis medicatrix naturae, plus diet, rest, opium, and purgative salts ad nauseum?

*Read before the Tri-State Medical Society of Georgia, Tennessee and Alabama, at Nashville meeting, October 8, 9, 10, 1901.

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What does the practice of each of the above classes of practitioners conserve?

What is gained by non-operative treatment? Possibly an operation for the time being, but it is highly probable that cases so treated will recur (McRae) and ultimately have to seek surgical intervention; the appendix, a useless organ, is saved to be a constant menace to future life. Why retain it when its removal causes no disturbance of anatomical or normal relations, nor change in the functions of other organs, and is followed by no consequent disturbing sequences?

We hold that non-operative treatment is justifiable only when the consent of the patient, or those responsible for him, cannot be obtained; or, when he is placed under conditions such as may prohibit the employment of proper surgical aid.

Does operative intervention prolong life, health and usefulness? We answer in the affirmative. What, then, are the indications for chirurgical treatment?

I. In all cases when severe symptoms come on suddenly, either at the beginning or during the course of the disease.

II. When, in a mild case, the symptoms gradually increase in intensity to the end of the second day.

III. Patients in whom radical measures are undertaken sufficiently early in the attack (before the end of the first twenty-four hours) to give uniform assurance that the infection is confined to the appendix, and to those especially who having been treated medicinally with recovery, are consequently the more liable to a recurrence.

IV. Cases which hold out a reasonable hope that the appendix can be removed with safety, although infection has passed beyond that organ. This condition arises about the end of the third or beginning of the fourth day.

V. Cases in which the question simply resolves itself into that of opening an abscess formed in a mass of adhesions, which condition usually occurs at the end of the fifth day.

VI. When, with abdominal distension, a pulse of 120 or over, diffusion of pain, and other evidences of general peritonitis come on at any time during the course of the disease.

We should operate as soon as the diagnosis is confirmed, and the necessary preparations can be made, except in some cases in which having been treated medicinally, the surgeon is not called until the third, fourth or fifth day of the attack. The question then arises whether or not operative procedure is contraindicated on account of the impossibility of removing the appendix without breaking down

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the adhesive barriers which nature has thrown out to protect the peritoneal cavity.

We may be confronted by cases and conditions in which it is too late for an early and too early for a late safe operation. In deciding this question, which will depend upon the experience of the operator and the facilities at his command for meeting emergencies as they may arise.

With thoroughly competent, well trained assistants to keep the field of operation well isolated from the rest of the peritoneal cavity as well as the small intestines out of the way, the operation at this period of localized peritonitis, with or without sero-purulent collections, is both safe and advisable. However, it will be next to impossible to avoid breaking down some of the adhesions, but with care on the part of the operator, and a perfectly trustworthy assistant, removal of the appendix may be accomplished without undue risk of infecting the general peritoneal cavity. The present consensus of opinion of the leading surgeons inclines to an early operation.

Dr. George R. Fowler of Brooklyn says: "As soon as the diagnosis of progressive appendicitis is assured, the abdomen should be opened and the appendix removed."

Dr. Charles P. Noble, of Philadelphia, adds: "Every case, promising or unpromising, should be treated by a surgical operation at the earliest possible moment."

Dr. Cartledge of Louisville states: "We should operate on every operable case as soon as the diagnosis is confirmed."

Mistakes are made by waiting and watching for symptoms to manifest themselves, and thereby rob the patient of one of the best means known to science at the present day of saving life in this dreadful disease."

Dr. McBurney avers "that an operation in indicated before the pathological process has reached a very advanced state. This cannot be measured by time. In some the rapidity of the process is very marked, in others, very slow. Some patients call an attendant on the first day, others not until the second or third."

Dr. Hurd asseverates that, "The most successful operations are those performed within twenty-four hours after the onset of the attack."

Dr. Gage of Boston asserts that, "The earlier the operation, the less need of drainage, and the firmer the abdominal wall. Surgeons seldom regret an early operation."

Dr. Richardson, reporting one hundred and eighty-one cases, concludes as follows: "An operation is called for immediately in a sud-

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den severe attack of appendicitis with pain, vomiting, more or less distension of the abdomen, with a high pulse."

Dr. Myer of New York avers that, "In acute appendicitis, if the pulse goes above 116 or 120, the indication is for an immediate operation."

My experience coincides with the views of a large number of representative surgeons that the early operation is the only treatment upon which reliance may be placed for a definite and curative result in the vast majority of cases.

In surgical treatment the course advocated should be instituted, and when feasible the appendix removed, even though surrounded by pus. The medical treatment should consist in the administration of a purgative and the local application of ice over McBurney's point, and kept up until the surgeon arrives.

Morphine and opiates should never be prescribed lest they mask the important symptoms which act as operative guides, pointing out the complex and critical process within and around the appendix; when administered they delude the practitioner into regarding as treatment what is nothing of the kind, and persuades him to fatal procrastination and thereby robs the patient of the only chance of recovery.

Opium and its alkaloids paralyze the nervous tone of the bowels and lessen resistance to microbic proliferation. The drug, by holding the bowels quiet, allows pus to become encapsulated by adhesions, arrests secretory functions, and renders diagnosis exceedingly difficult. Statistics of early operations, i. e., when performed during the first twenty-four hours, show a mortality of from 1 to 2 per cent., operations in some severe cases, and for suppuration gives a mortality of about 25 per cent. Between the extremes, 14 per cent.

Treves is generally considered a good authority, and the writer mentions him because he believes him eminently "conservative" in his statements at least, although not one whit better surgeon than a score of those in America.

Treves says of mild appendicitis, or perityphlitis, 99 in 100 recover (after operation). Of appendicitis with localized suppuration, 27 cases recovered and 2 died. Of diffuse peritonitis from appendicitis, 3 recovered and 20 died; 3 without operation. Relapsing cases, 42 in number, 37 operated and recovered, 5 recovered without operation, 5 complicated with other conditions, 2 recovered and 3 died.

The advocate of the "waiting and purging class" will argue that to operate too early is to operate unnecessarily, and while forced to

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admit the strength of their logic, it is nevertheless true that timely intervention is always preferable to voluntary procrastination.

Dr. Fowler of Brooklyn, in discussing this point, says: "A case demanding operation inside of twenty-four hours from the commencement of the attack is exceptional; but a case which is not practically well at the end of that time should be made the subject of operative interference without delay."

The conservative surgeon should by no means limit himself to this rule. In cases with severe symptoms, such as high temperature, quick, rapid pulse, and a succession of rigors, conjoined with exquisite tenderness in the right iliac fossa, and an anxious facial expression, do not waste valuable time in waiting for other manifestations, but resort to the knife immediately—unless, of course, you wish to have a funeral.

If called late, after diffuse septic peritonitis has developed, operative measures are still conservative and should be instituted. Infection of effused serum following peritonitis, not necessarily suppurative, offers sufficiently encouraging results to impel the surgeon to give the patient the benefit of the skill at his command. The case is not essentially hopeless, even after general suppurative peritonitis has commenced, although the chances for recovery progressively diminish with the lapse of time following its incipiency.

Recently in my practice a case presented itself after the development of the aforesaid condition. With the beginning of peritonitis symptomatology became characteristic, the abdomen had a board-like hardness, the temperature rose to 104 F., the pulse to 156; these symptoms were accompanied by chilly sensations, exquisite tenderness in the coecal region, and a pinched, anxious facial expression.

As soon as called an immediate operation was advised and accepted. The little fellow made a slow but uninterrupted recovery and is now able to play daily with his companions, and suffers no inconvenience. An early operation, of course, implies an early diagnosis.

Typical cases should be easily diagnosticated, but, as in other diseases, many atypical cases are seen, and the practitioner who awaits a chain of symptoms with no missing link will not infrequently delay too long. As Dr. Joseph Price of Philadelphia has rightly expressed it, "Procrastination is the fool's paradise." Of the many valuable truths impressed by Dr. Senn, few are more important than the assertion that, "A physician cannot be well rounded and complete as such unless he is a good surgeon; and the well-rounded surgeon should also be a good physician."

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Prof. Hare tersely remarks: "The wise physician is he who calls in the surgeon early, and the wise surgeon is he who is ready to operate at a moment's notice."

Dr. Hugh Taylor of Richmond voices this sentiment: "If the delayed operation is good few will deny but that the early operation is better."

Preventive surgery is, in the broadest sense, conservative. Opportune intervention seeks to prevent the disastrous consequences of appendicitis, and is ideal when compared with the desperate results sometimes obtained in operations in neglected cases which have been drenched too long with purgative salines and kept too long under the quieting influence of opium.

Often valuable time is lost and bright and useful lives sacrificed in attempts to send acute cases to the city for operation. This course cannot be pursued with safety in cases of gastric, duodenal or typhoid perforation; neither in strangulated inguinal hernia nor acute appendicitis can it be commended.

Advocates of non-operative methods of treatment will claim that it is infinitely better for the doctor unskilled in operations to trust opium blisters and salts than attempt an amelioration of his patient's condition through the instrumentality of a procedure with which he is unskilled. That with purgatives, poultices and analgesics he can sooth his patient into a premature grave is non-disputandem.

McDowell, Long, Simms and others have shown the world what cross-road doctors can accomplish. Encourage the country physician to do an appendectomy while it is simply surgery. Far better an early operation, preventive in scope, by an amateur than one too long delayed and consequently of hopeless prognosis, although done by an experienced master. Minor surgery is the incipiency of the attack; major and not infrequently forlorn surgery, when the bowels are distended and paretic, the appendix rotten and surrounded by a stinking and corroding pus, producing intense toxaemia.

Such cases demand the highest possible surgical skill and entail a death rate of fearful magnitude.

It is claimed by the best surgeons that seventy-five per cent. of the cases treated medicinally recur and require constant medical supervision, or else demand prompt surgical intervention. It is a well recognized fact that the number of attacks furnishes no index to the extent of adhesions. In one attack there may be extensive matting, while many may occur with but little local damage. All are agreed, however, that each onset predisposes to a recurrence. And conservative surgery does not necessarily mean delayed intervention, for in skilled hands the knife is one of the greatest conservative agents known to surgeons.

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SOME USES OF STATIC ELECTRICITY.*

By J. B. Goodwin, M.D.,

KINGSTON, TENN.

While I attempt to show some of the uses of Static Electricity in the practice of medicine, I have not lost sight of the fact that many of this able body will oppose some of my statements and consider them the out-croppings of a sterile brain and the echo of "a sounding brass and a tinkling cymbal."

We have all seen medicines, and combinations of medicines, lauded and theorized upon until we would feel like our Materia Medicas contained a description of more medicines than were needed to practice medicine sucessfully, but a large amount of such has been relegated until the attic is crowded and only fertilized by spurious literature and theories; until I shall accept a few facts, which can be demonstrated in the electrical parlor on the living, abnormal human being, in preference to so many false theories.

Electricity, like many valuable medicines, has been used without any knowledge of its real action on the normal or abnormal tissues.

Static Electricity, as understood now, does not produce any chemical change, but only causes the tissues to perform a normal action when the static force is properly applied and in the proper dose; when it will cause every muscle, nerve and fiber in the body to thrill and vibrate to a normal action. Success depends as much on the dose in static electricty as it does on dose in Alimentary therapeutics, Mediate therapeutics or Vibratory therapeutics which it really is; a form of vibrations through the entire body when properly applied.

While we cannot yet tell what electricity is, we can watch and observe the workings of nature in the grand old static machine, the Solar System. When the earth or any portion of it becomes highly charged, negatively, then our electrical storms are produced, after which we feel refreshed and stimulated, because the positive or stimulating force has been quite near and the ozone generated.

Another cause of failures in the use of electricity is in the use of an inferior and many times a worthless machine. I consider anything less than a 12 plate (6 revolving and 6 stationary) and 26 inch circles a worthless piece of machinery. And just here I can not refrain stating that a vast amount of electricity is lost in the use of a platform with five to seven inch legs, the legs should be at least ten inches long. I consider it unnecessary to go into the details of Positive Electrification, Negative Electrification, Positive Spark, Negative

*Read before the Tri-State Medical Society of Alabama, Georgia and Tennessee.

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Spark, Positive or Negative Breeze, Positive or Negative Interruption etc., but will try to show how I apply the electrical current as an adjunct to other treatment that may be indicated; and in many cases the electrical treatment when used alone shows such marked improvement, that I almost consider the indicateld remedies an adjunct to the electrical treatment.

It would be impossible to name all the diseases and how the current is used, in a paper like this, but will name some of the most important diseases and how I use the current.

Inflammation, Rheumatism, Neurasthenia, Neuralgia, Lumbago, Paralysis, General Debility, Emansio Mensium, Suppressio Mensium, Torticollis, Corns and Bunions. Under the first named, or inflammation, I will just report a case in mind. A colonel at the close of the Cuban war, applied to me for treatment for an inflammation of the eye, Conjunctivitis; there was great pain and photophobia. The patient was placed on the stool connected with the negative pole of machine; positive pole, indirect current, was armed with large wooden ball and held about four inches from eye. After about one minute the Colonel remarked, "O, that I had language to express how good I feel!" The patient was given about five minutes sitting each day for four days and the inflammation was gone.

Rheumatism: To give a description of the manner of treating Acute, Muscular and Inflammatory Rheumatism would be only to repeat what has been said about inflammation; the only change would be to give fifteen to twenty minutes instead of five as given in case of eye. But for Articular Rheumatism, of the subacute or chronic form, I place the patient on the stool connected with the negative pole, the positive pole being armed with a brass ball with which the positive spark is drawn for about five to ten minutes, then change and give positive interruption for about five minutes after which the poles are pulled wide apart and close the sitting with a positive charge of five minutes.

Some cases of Chronic Rheumatism are very rebellious to any form of treatment, and the above described plan after giving some relief may fail; when patient will become discouraged and become willing to submit to anything for relief, then the physician should be encouraged and resort to the following: Place the patient on stool connected with positive pole, and with large brass ball connected to negative pole, indirect current, pour in the grape and canister for five to ten minutes, then close the sitting with a positive interruption of five minutes.

Such bombarding will usually cause the enemy to retreat and forever abandon its fortification.

Neurasthenia: Seat the patient on the stool and give a positive

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charge for five minutes,positive interruption for five minutes and close with the positive charge of five minutes, relief is usually noticed after the first sitting.

Neuralgia: If it is facial, I place the patient on the stool connected with the negative pole and either use the umbrella or metal brush connected to positive pole, direct current, for five to twenty minutes, or until pain is gone, which is very seldom more than ten minutes.

Lumbago: I am always proud to see a case of Lumbago come, for I have never seen a case that was not greatly relieved at one sitting and usually cured by the third. I place the patient on the stool connected negatively and draw positive sparks with large ball for five to ten minutes, then close with positive interruption of five minutes.

Paralysis: As there are various causes for paralysis and the cause is usually obscure, I will first state the class that can not be benefited or cured by electricity. Where there is a division of the nerve or permanent obstruction to the circulation of nerve force, electricity would be of no avail. Paralysis in any form, not included in the above, can be benefitted more by electricity than any or all other treatments known to me. I place the patient on the stool and give a negative charge for five to ten minutes, then a negative interruption for one to five minutes, then draw positive sparks from the paralyzed muscle or muscles for ten minutes and close the sitting with the positive charge of about five minutes. Treatment in the case of paralysis should be continued for several weeks and sometimes several months.

General Debility: The positive charge should be given twice a day with sittings of twenty minutes.

Emansio Mensium: In some cases the positive spark along the spine and over the ovaries will be sufficient, but others require the Leyden Jar shock, through the pelvis; this very, very seldom fails.

Suppressio Mensium: The positive spark along the spine and over the ovaries with a heavy positive charge and positive interruption is usually sufficient.

Torticollis: I have never seen a case of Torticollis that was not relieved by the first sitting and cured by the fourth. I place the patient on the stool and draw positive sparks for three to five minutes then the positive breeze for the same time and close the sitting with a positive charge for the usual time.

Corns and Bunions: These cases are the ones to make a reputation with, it makes no difference how much they are paining, place the patient on the stool connected with negative pole, arm the positive pole with large wooden ball, indirect current, then draw from corn or

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bunion, through shoe, for ten to twenty minutes; one sitting will relieve all pain and four sittings will usually cure corns, and eight to ten the bunions.

ENTERIC FEVER, WHEY IN.

Milk should not be given as a diet in enteric fever patients, first, because milk in many cases forms hard, cheesy curds in the stomach. These curds pass along the intestine, giving pain and scraping the raw surfaces of the ulcers and causing in many cases haemorrhage, perforation, and death. The effect of these cheese-like masses of casein is worse for the patient than feeding on well-masticated solids. Moreover, the perpetual distension of the bowel from the large amount of gases evolved by the digestion or decomposition of the milk keeps the ulcers stretched and thus thins their floors. Secondly, because the bacillus typhosus breeds rapidly in milk.

Whey has been personally given in the place of milk. The result has been to reduce the death-rate of the cases which had ben 15.5 per cent. for the previous seven years to 2.7 per cent. for sventy-three cases.

In the preparation of the whey, to each quart of new milk two teaspoonfuls of rennet are stirred. This is put into a pan and warmed slowly till it curdles, which takes about twenty minutes. The curd is now taken up and the whole strained through fine muslin. A quart of milk yields about six ounces of curd. The whey can be sterilized in summer and made more palatable to some people by the addition of tea, coffee, or other flavoring material. For children, if it be colored pink with a little cochineal, it makes them very happy. The quantity given varies from 1 1-2 to six pints daily. If the whey be sterilized, some lemon juice should be given occasionally to prevent scorbutic symptoms.

The amount of emaciation on this diet varies very much, but not more than it does on any of the usual diets for enteric fever.

The most marked beneficial effects of the whey diet are in the clean mouth and tongue. Even in the third week of the disease the tongue and mouth scarcely vary from the normal healthy condition.

The result of whey diet on the heart is good, as can be seen by the gradual diminution of the pulse-rate. Prideaux Selby (Lancet, Nov. 2, 1901).

PHYSICIAN—Good location; desiring to move to city I offer a splendid location to a physician who will purchase my house and lot; nearest competition 6 miles; fine country; nice people; average cash collections for ten years, $2 242.55 per annum. For particulars address M. D., Sumterville, Ala.

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Selected Articles.

THE NEW ORGANOTHERAPY.

By. S. Aug. Freund, M.D.,

BERLIN.

I promised you before I left on my return home that as soon as I could reach my desk, I would send you some data in regard to the matter which so many Americans inquired during my visit, the matter of organotherapy. You in America did me the honor of submitting that my countrymen had distinguished themselves in the advancement, and, may I use the word? advantagement of organotherapy. It is a pleasure to me to hear my countrymen praised by Americans. But, I promised you a word on the subject. Now this is the word. Other than by organotherapy are its possibilities realized. Will you go to Buchner, and ask his definition? He will tell you that the medical advance of the century will have as its object the increase of the natural means of defense possessed by the human economy against noxious influences; and that that increase comes from animal extracts. And Buchner will not stop there. He talks, boasts, all but apotheosizes organotherapy. Listen to him, to Schimmelbusch, Friedheim, Wyss, Bouchard, Zulser, and all that noble army of my countrymen, how they laud organotherapy. Glance at the indexes of recent German medical literature, and note the space occupied by the contributions. Do you wonder at the expression of the physician to the Shah of Persia. "In Germany there is nothing great but Medicine, and in German Medicine there is nothing great but Organotherapy." Read the illustrious argument. Let me write it in brief. The vital energy of the cells alone prevent infection. Nature augments this energy. In this, nature should be encouraged. The only rational encouragement is by organotherapy. That means, of course, that "animal extracts" are chief of the materia medica to assist vis mediatrix naturae. But can we not get organotherapeutic results otherwise than by "animal extracts?" Bring out your surgeons, and to the question they will answer that the strongest antiseptics in the materia medica, applied to a wound, will not prevent bacteria from locating there, and that the independent action of the vital energy of the cell tissue alone prevents infection. The human organism is perpetually struggling with the germs of disease, entering by the lungs or the stomach; and "cell to

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germ opposes." Who does not know that the enfeebled system is in poor condition to withstand infectious disease? Healthy systems best fight against infectious germs, and the condition of health depends on healthfulness of the cells. I have spoken with Buchner, and with others; such men as Pizzini, Hofmann,, Lilienfeld, and Klemperer. I do not know that any American interrogation point could have asked more questions than I. "Yes," they tell me, "Yes;" the cells must be encouraged, abetted, fortified." And medicines, mere medicines, will not accomplish this. What then? Animal extracts. And this is their rationalizing:

Glands are formed in all parts of the body where germs can gain access. Their activities increase with the advent of germs, and this increased activity has to be overcome before the system can be infected. The system is capable, under normal conditions, to render harmless, by means of the glands, that is, by means of the active substances of the glands, such germs as have entered the system, and disease occurs only when the germs are too numerous, or their invasion too protracted or too pronounced in character, so that these active substances no longer suffice. As for its elucidation, you do not understand us if you consider that by desiccated glands we mean animal extracts. My confreres derive the extract. It is an extracted extract. And chemically it is nuclein, nuclein acid. It is this that possesses in high power the faculty of destroying the poison of the various pathogenic germs. It is this that constitutes the animal extracts that are worthy the name. We have had the chemical structure of the acid published by Lilienfeld, and the facts as to its physiological action, by the two Kossels. It possesses antiseptic proprieties. It stimulates the cells. The metabolic changes that follow its exhibition are surprising. It removes the necrotic tissue without impairing the healthy substance. And the animal extracts are nuclein. It may be the thyroid, the testes, the thymus, the bronchial gland, as long as it is replete with that active substance, derived under scientific supervision, and by strictly antiseptic methods, it is enough, it furnishes that which is needed to aid nature in antagonizing, and destroying all of the streptococci, straphylococci, diplococci, and their congeners. This is no theory. It is a fact. In Germany, as in America, in this new century, many favorable results are attributed to suggestion, but not under this treatment, because the patients are often utterly ignorant of the fact that they are undergoing it. The most surprising and striking results have attended the experiments and trials. Let me quote Hofmann. He is unimpeachable authority, and he says of the surprising and striking results: "It will be found that the treatment acts as a specific, pos-

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sessing the advantage of absolute harmlessness." In proof of this about organic therapeutics, read the German medical press since 1892.

What, then, can I mean when I say that nuclein as a therapeutic factor is outdone? I mean that American enterprise has performed this. With dessicated glands? Never. Nothing could be more thoroughly abominable. I have no reference to those. Let us examine closely. In our zeal for the New, we must not forget or distrust the Old. We must never forget that the blood and the serum, as well as the tissue cells, have also an action that comes into effect. Highly important as is the part played by the glands, we must not overlook the place occupied by the serum and the blood. It has been proven that the animal extracts destroy bacilli that have invaded. This is one of the known facts. Now listen to Hofmann: "It is at present not possible to say in what particular manner this action takes place." That sounds refreshing. Whether it is due to the strengthening of the glands is doubtful. Whether chemotaxis plays a part, or not, is not told. But, please mark this question, what influence is due to the leucocytosis produced by the strengthening of the glands? If we might attempt an answer, we might point to the fact that the formation of spermin in the system depends upon the quantity of decomposed leucocytes in the system. Moreover nuclein is a lymphagogue. It quickens the lymph stream. All of the organic extracts do this, in some degree. Synchronous with the stimulation of the cell tissue, the white corpuscles of the blood are incited to increased energy. In these corpuscles the defensive qualities of the blood must originate. Nuclein does this. It is also otherwise accomplished by ecthol. It is waste of time to advertise this preparation to Americans, as it has been in use for several years, and so commands respect in all cases where there is a tendency to, or an actual rupture of the fluids or the tissues, or both. Remedial for tissue degeneration, and for all degenerative changes in the fluids of the system, it also antagonizes the influence, be it septic or otherwise, of all low or morbid accumulations in the tissues and fluids, or of changes in the fluids and tissues themselves.

I do not have much patience with the idea of substitutes in medicine. Too much is sure to be expected of them. I need not cite instances. You, in America, have had many of a notable kind in the nineties. But this preparation is certainly a substitute, and one that will bear all of the demands. It fully takes the place of any animal extracts. It does so because it does that which they do. Indeed, it does it even better. "Better." Understand if you please, the preparation of our animal extract, (glandulen). It is an extraction by

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mechanical separation. The dealing is with a delicate plasma, and every step of its separation and preservation must be mechanical. It is of no value unless its chemical constituents are preserved. It is valueless if their molecular arrangement is disturbed. The separation has to be in forms identical with those in the living cell. The germinal potentiality must be conserved. It is not only carefully prepared, but its cellular activity is as carefully preserved. I am proud of glandulen for these reasons. The preparation which I have named is obtained from plant life. It does not come to us as an artificial glandulin. I doubt very much if an artificial glandulin can be manufactured or derived from plant or mineral. If it did, if it could thus originate, it would act on drug lines, and not physiologically. Instead, in truth, in efficiency, this preparation is substitutive. Thus, you will understand my meaning when I say that by this vegetable product the offices of organotherapy are performed. Consider the prominence given to organotherapy in Germany. Understand how carefully, thoroughly, perfectly, it has been brought on. Then, appreciate this office of substitution, and believe me when I say that all that organotherapy has accomplished, this vegetable substitute for the true animal extracts has also accomplished. I find pleasure in making proof, in seeing one corroboration follow another. Glandulin does so. Then so does ecthol. You will notice. Both have the same action on the leucocytes. Both procure definite leucocytosis. Both add a fresh supply to the cells. Both furnish the normal leucocytes with the proper nutriment. Both produce leucocytosis, and both stimulate cellular activity. Both increase the bactericidal power of the blood, and of the tissues. Both increase the repair power. Both increase the tissue-building forces. Both furnish nutritive compensation to the vital forces without any expense to the nervous system. There are some who ask if this is not tantamount to being leucocythemia? Well, yes. Then, is it not a pathological condition, a disease condition? No. Our grandsires thought so. They remarked the rapid formation of white corpuscles in the presence of the invading germs, and thought it a condition of disease. But you and I know that it is a strictly physiological effort of resistance to the toxic germs That which tends to induce leucocytosis, is to that extent a health factor. Again, notice that this vegetable preparation sows itself to be an appropriate pabulum for animal tissue, and for the reason that it is so admirably converted into animal substance. So, this substitute which I publish to your notice is indicated in every condition where the organism is abnormal or asthenic. It rapidly restores and, as fully maintains the vitality of all the tissues and fluids, by aiding and supporting assimila-

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tive nutrition. Buchner has cried from the house-tops, that the animal extracts are useful in all conditions in which the organism is below the physiological standard. The substitute says the same of itself, and makes conditions that bring out tissue-building properties. It is sure of appreciation as aiding Nature in keeping all of the body functions normal and active, as fortifying the system as a whole, as actually destroying the nutrition upon which neoplasma depend, as increasing the tissue-building and constructive forces, as increasing the inherent potentiality of each trophic cell, as promoting development. Advocates of organotherapy, this is the New Organotherapy. It ex cells. Over and beyond its worth in medicine, it has an office in surgery which even Schimmelbusch and Lilienfeld have never offered or suggested to glandulin. I do not refer to the local application alone. It is exhibited, and by destroying the nutrition upon which neoplastic growth depends, it may relieve of the necessity of surgical operations by cutting off the nutrition of benign growths, so that they atroph to some extent. Again, after operations, it is a remedy that protects the organism from those septic influences which are the bane of post-operative sequels. Thus, it is to be considered as one of the most powerful and valued adjuvants to conservative surgery.

NOTES ON THE TREATMENT OF COUGH.

By Henry Herman, M. D.,

NEW YORK.

Most practitioners will readily agree that the old remedies, which we have had at our disposal for the alleviation of cough, are not everything that can be desired. The old time-tried narcotics and expectorants often fail us when most needed, and it is especially in chronic cases, in which cough constitutes the chief discomfort of the patient, that they fail most frequently. In paroxysmal coughs, especially in whooping cough, there has always been a difficulty in soothing the irritable mucosa of the bronchi and in reducing the number of attacks, so as to avoid the weakening effects of the paroxysms, without at the same time drugging the patient with narcotics until the danger line of depression has been reached.

Notwithstanding the evident need for better respiratory sedatives, the chemists have given us a large number of remedies for the reduction of fever, and an innumerable number of substances vaunted as antiseptics, but have paid little or no attention to the preparation of new therapeutic agents designed to alleviate cough. Eager anticipation, therefore, greeted the discovery of the clinical value of heroin,

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the diacetic acid ester of morphine, by Dreser and Floret, in 1898.

Heroin has now been tested in so large a number of cases, reported by so great a number of trustworthy observers, that its status may be accepted as securely established. The sum of clinical and pharmacological experience designates heroin as a respiratory sedative superior in every respect to the older narcotics, and withal devoid of toxic or depressant properties. Its physiological action consists in a diminution of the frequency of respiratory movements, and at the same time in an increase of the volume of the individual respiratory act. The reduction of the tussal reflexes is combined with the relief of pain without the danger of a drug habit, which exists when other opiates are prescribed.

As regards after-effects, we may, I think, accept the conclusion of Manges (New York Medical Journal, Jan. 13, and 20, 1900), based upon a review of the work of numerous writers on the subject, that heroin is not followed by serious effects of an untoward character unless it be administered in excessive doses. My own observations, in a large number of cases, confirm this view. The only collateral effect that I noted in the use of heroin was a tendency to constipation, which is especially prominent in old persons, but is in all cases easily combated with mild laxatives. I have not observed vertigo, nor vomiting, after the administration of doses proportionate to age. There is no doubt, however, that, after all, heroin is a derivative of morphine, and therefore is to be used with that caution and judgment, which drugs of this class demand. Fortunately its very efficiency precludes the necessity of administering doses of any magnitude beyond the usual.

Next to the respiratory sedatives, the expectorants are the most essential factors in the treatment of cough. The members of the ammonium group for a long time have enjoyed well-merited preference as stimulating expectorants on the part of physicians. I wish, however, to call attention to one member of the ammonium family that has been most inexcusably neglected—ammonium hypophosphite. Its action is similar to that of ammonium chloride, but it has the advantage of being easily borne by the stomach, and of being more agreeable in taste. I was surprised to find that such a complete work as the National Dispensatory does not mention it, and it has not been received into the Pharmacopoeia of this country nor into those of Germany, Great Britain and France. The dose is from ten to thirty grains, and the sale occurs as a white laminous crystalline powder, soluble in water, having the chemical formula of NH4PH2O2-|-H2O.

There can be no question as to the increased value of a combination

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of remedies which embodies so efficient a respiratory sedative as heroin and so trustworthy an expectorant as ammonium hypophosphite, and therefore I determined to try the preparation known as glyco-heroin in the treatment of coughs, with special reference to paroxysmal coughs and chronic, obstinate bronchial catarrhs. In the following very brief histories I have endeavored to give the results of my experience with this preparation which in addition to 1-16 of a grain of heroin hydrochloride to the drachm and ammonium hypophosphite, contains balsam of tolu and white pine bark.

The following cases are taken somewhat at random from my notebooks:

CLINICAL HISTORIES.

1. D. G., aged 7 years. Whooping cough of three weeks' duration. Vomiting with each paroxysm. As many as eighteen paroxysms in twenty-four hours. Thirty drops of glyco-heroin three times daily. After two days the paroxysms had diminished in severity and frequency and there were no more than five or six paroxysms daily. After four days the vomiting ceased, and the patient began to sleep soundly. The child felt better in every way and was able to play and romp about without producing a coughing spell. Ten days after glyco-heroin was first given the patient had but two or three paroxysms daily, and these were of a mild type. This state of things continued for about ten days longer, when only a slight cough remained. At the end of two weeks the patient was perfectly well.

2. L. G., aged 12 years. Sister of the above named patient and was seen at the same time. Whooping cough of a more severe type than that in the preceding case. Forty drops of glyco-heroin (equivalent to 1-24 grain of heroin hydrochloride) three times daily. Similar course as the preceding case.

3. M. C., aged 21 years. Whooping cough of one week's duration when first seen, the chief complaint being troublesome paroxysms at night. A teaspoonful of glyco-heroin was ordered to be taken four times a day. Within forty-eight hours the patient reported marked improvement. Within one week the cough ceased to trouble him and he considered himself perfectly well.

4. G. V., aged 38 years. Whooping cough of twelve days' duration. A mild type of the disease. Glyco-heroin was prescribed, but proved to be of no service whatever, although the patient took a teaspoonful every four hours for ten days. A change of climate was advised, and the patient spent two weeks at Atlantic City; had the desired effect.

5. F. F., aged 2 1-2 years. A severe attack of whooping cough,

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associated with acute bronchitis. After the administration of glyco-heroin, ten drops three times daily for one week, the little patient was well on the road to recovery. After twenty-five days from the beginning of the cough the patient was perfectly well. In this case there was constipation, which may have been due to the heroin.

6. F. H., aged 5years. Was seen after having been under treatment for three weeks and after she had been taking bromides, belladonna and other sedatives without any results. The cough was markedly worse at night, and the child was restless and peevish from loss of sleep. Ordered fifteen drops of glyco-heroin three times daily. After forty-eight hours there was no improvement and the dose was increased to twenty drops every four hours. At the end of three days the writer was surprised at the marked improvement which had taken place. The child coughed only once in twenty-four hours, and slept well at night. At the end of twelve days she was discharged cured.

7. H. H., aged 8 years. Brother of the above mentioned patient. The same condition and the same result, but glyco-heroin had to be pushed to sixty drops three times a day.

8. I. A., aged —. Bronchitis of two weeks' standing. Various expectorants and sedatives had been used without any results. A teaspoonful of glyco-heroin given every four hours. In three days the patient reported well.

9. S. O., aged —. Cough of pregnancy. The usual remedies had been tried without avail. Glyco-heroin every four hours, in teaspoonful doses. In forty-eight hours a most marked improvement was noted.

10. A. T., aged 23 years. Cough of pregnancy. Very troublesome. After the ordinary remedies had failed, glyco-heroin succeeded in relieving the cough in a short time. A teaspoonful was given three times daily.

11. S. H., aged 23 years. Bronchitis. Glyco-heroin, a teaspoonful, every four hours. Excellent results after the second day.

12. M. S., aged 21 years. Acute bronchitis Glyco-heroin in teaspoonful doses, three times daily. Excellent results after two days.

13. P. O., aged 27 years. Winter cough; very troublesome. The patient gives a history of recurrence every winter. The cough was paroxysmal in character and he has taken a great variety of remedies. Glyco-heroin was given in teaspoonful doses, every four hours, and three days later great relief was experienced. The patient was then told to take the preparation twice daily, morning and evening, until the cough disappeared.

14. W. L., aged 5 years. Whooping cough of marked severity.

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Twenty drops of glyco-heroin were given three times a day, with results similar to those obtained in the other cases of whooping cough.

15. S. W., aged 78 years. Winter cough. The writer has had this patient under treatment for cough every winter for fifteen years. Glyco-heroin showed the best results as compared to all other remedies previously used. In fact, while taking it, the patient has no cough.

16. W. W., aged 73 years. History and results similar to those obtained in the previous case.

17. M. C., aged 81 years. History similar to that of case 15, but no results were obtained from the use of any remedy.

18. M. B., aged 7 years. Whooping cough of two weeks' duration. Although glyco-heroin was used in doses of forty drops three times daily, no results were noted after two weeks' treatment.

19. S. M., aged 7 years. Whooping cough of three weeks' duration. Relieved after six days' treatment with glyco-heroin, in doses of thirty drops every four hours.

Of the nineteen cases reported, there were ten cases of whooping cough in patients ranging from 2 1-2 to 38 years of age. In these the dose varied, according to age, from ten drops to a teaspoonful, the intervals not exceeding four hours. The results were very satisfactory in all cases, with the single exception of case 4, a mild type of whooping cough in a patient aged 38 years, in whom nothing but a change of climate had the desired effect. In the other nine cases of pertussis, there was very prompt diminition of the number and severity of the paroxysms and an improvement in the general well-being of the patient. These effects were all the more noteworthy as they are rarely seen in pertussis on the administration of any other sedative remedy.

In the three cases of subacute bronchitis, the results were so prompt as to astonish the patients themselves. With due care the continuation of the catarrhal process into a chronic state was avoided.

In the two cases of cough, occurring during pregnancy, glyco-heroin proved very efficient. Of all forms of cough, sedatives are most urgently indicated in the irritable condition of the whole system which obtains in the pregnant state. In glyco-heroin I found a palatable combination which at the same time is free from the depressant properties of the other opiates.

There were four cases of chronic bronchitis, the age of the patients ranging between 27 and 81 years. As has been noted by other writers, heroin is not so well borne by the aged as it is by the young. The dose must therefore be kept down in old people, and it is for this reason that in one of the cases, No. 17, in which the patient was 81 years

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old, no results could be obtained. In contrast to this case stand the other two instances of chronic bronchitis in the aged (persons aged 73 and 78 years respectively), in which the effect was all that could have been wished.

In conclusion, I will say that while there probably never will be a remedy which will act with equal efficiency in all cases, the results which I obtained with glyco-heroin in a number of difficult and obstinate cases of cough enable me to express myself as fully satisfied that it is an efficient respiratory sedative and expectorant.

DYSMENORRHEA.

In the congestive type of dysmenorrhea, in which the paiful menstruation is usually due to some inflammatory condition of the pelvic organs, especially the uterus, much benefit is derived from intravaginal applications that will relieve the engorgement of the parts. Tampons soaked in glycerine and boric acid, or iodine, or ichthyol have been largely used for this purpose, but this has only been in the absence of something better, since the inconvenient and disagreeable nature of the tampon treatment has always been recognized. The modern way of accomplishing the same purpose in a far more efficient, cleanly and convenient manner is by the use of Micajah's Medicated Uterine Wafers.

They are easily introduced into the vagina, are unirritating, and do not require removal. Their ingredients are gradually liberated, exerting an astringent, antiseptic and anticatarrhal action upon the congested and inflamed parts. The congestion is relieved, the circulation regulated and the absorption of exudates promoted and the dysmenorrhea thus permanently removed.

THE PRESENT STATUS OF DISINFECTION OF THE HANDS.

By Dr. Doderlein. (Die Arzt. Praixis, Oct. 15, 1901).

The author claims that no method of preparing the operator's hands insures perfect disinfection when subjected to the test of making cultures. Hence the free use of long-handled instruments properly sterilized (as suggested by Konig) is preferable to the use of fingers in the wound. Or gloves may be used with the same object in view. While the author is opposed to the employment of cotton gloves as advised by Mikulicz, on the ground that they rather harbor germs in their meshes, he strongly recommends and uses thin rubber gloves.

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Editorial.

JNO. C. LeGRANDE, M. D.,.....Editor and Prop.

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Gonorrhea.

Very little advance has been made in the treatment of gonorrhea since the introduction of the new silver salts, Protargol, Argonin, etc. Since the advent of these salts they have gained such popularity as to throw something of a shadow over the irrigation treatment popularized by Dr. Valentine. Much, no doubt has been accomplished by copious irrigation with a hot solution of permanganate of potash, but a great many cases go on for weeks and months and become chronic under its use. The irrigation treatment is a laborious one for the physician

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and takes up much of his time for which few patients are willing to pay. If it were the only treatment which would eradicate the gonococcus then we could not hesitate to spend this extra time to cure our patients, but with these new silver salts we may expect to teach their use to each patient in such a way as to let him treat and cure himself. To do this we must drill each patient in the use of injections—very few patients will take them properly unless they are thoroughly instructed and the importance impressed on them. Most of the syringes used are cheap, imperfect and entirely too small. The syringe should hold from four to six drachms and be made of hard rubber with a flattened conical point that will fit accurately into the meatus. The solution should be injected slowly but firmly back into the urethra and held there from three to five minutes by the watch. These injections should be used three or four times daily. When the disease reaches the posterior urethra the syringe should hold enough solution to force the cut off muscle and allow solution to enter the posterior urethra. This treatment, combined with the proper dietetic and hygiene means, should cure gonorrhea in a short time when it is taken in charge before the gonococci have buried themselves deeply in the tissues. The following is a good solution for an acute condition:

℞	Berberine Hydrochlor	gr. i.
	Protargal	grs. V.
	Aqua Destil	℥

It is very important in all urethral inflammations to be able to use the microscope in order to tell whether it is a specific or simple urethritis. In long continued cases where there remains the slightest discharge, patients often want to know if it will be safe to have intercourse or get married and the physician should be able to advise intelligently by staining the discharge and examining under the microscope, and this should be done several times if no gonococci are present in order to be sure that they are absent from the discharge. It is extremely important to interdict marriage if there remains the slightest gonococcus infection in the urethra, for while there may be such slight discharge as to seemingly amount to nothing, it may be sufficient to infect the whole genital tract of an innocent wife and she may become an invalid for life or have to lose her ovaries and tubes and possibly her life on account of this infection.

Politics and the Medical Profession.

At a recent meeting of the Jefferson County Medical Society a paper was read which elicited some discussion on this subject. The fol-

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lowing, from the Journal of the American Melical Association, editorial February 8, 1902, is to the point and is so nearly in accord with our own views we reproduce it:

A newspaper editorially remarks that "those who have the making and executing of the laws, whether they be called politicians or statesmen, are prone, as a rule, to underestimate the value of the good opinion and the influence of physicians." It is refreshing to see such a truth announced from such a quarter; the newspapers themselves have not, as a rule, sufficiently appreciated the possible influence of the medical profession. The paper goes on to say that the physician comes in closer touch with the people than the representative of any other profession, and that the "doctors could insure the success of any candidate for any elective office in the State if only any considerable percentage of them would undertake it. . . . A candidate for a State office could very well afford to say that in anything like a close contest, if he had all the physicians with him, he might not care what class supported his opponent. If the resolutions passed by county medical societies are not heeded by legislatures and executives they are antagonizing a very powerful element." The editorial further says that because physicians do not habitually dabble in politics or constantly seek an office, their influence is the more potent when once it is thoroughly exerted. This we believe is a truth and if we can act with due wisdom, showing by our conduct that when we do act our motive is the public welfare as well as our own interests, we can be invincible. There are enough physicians in every State to control medical legislation if they will only act together. Thackeray says that any woman without an actual hump can marry any man she pleases; man's safety is that women are like the beasts of the field; they do not know their own strength. The same might be said of the physicians of the country; they have not appreciated their own power. If quackery thrives and gains recognition and privilege under the law it is the fault of an inactive and unorganized medical profession.

Women in Medicine.

"The recent closing of the Woman's Medical Department of Northwestern University, and the alleged utterances of a trustee in explaining this action, have enlivened the perennial interest in the question of woman's place in medicine.

The simple statement that the school has of late been running at a

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yearly loss of $25,000 would surely have satisfied all the world, including the seventy young women who must now go elsewhere in search of professional training. But the disheartened trustees said, over and above what was necessary, that "women cannot grasp chemical laboratory work and the intricacies of surgery;" that women are unsuccessful as physicians; that co-education is a failure, and that the separate education of women is a worse failure.

Only a year ago a distinguished professor in a Western medical school said on a notable occasion that women in the laboratory ask too much aid of their teachers. A little later this gentleman suffered an incoercible desire to say that in the laboratory it is the common fault of men to ask too little aid of their teachers. If the trustee of the Northwestern University becomes truly contrite, and if he is as versatile as the Ann Arbor professor, he will accept the first chance to say that while it is impossible to make a good doctor out of a woman, it is even more difficult to impart medical skill to a man.

Fifteen years ago, we are told, the graduating class of this same school, including both men and women, handed to the faculty a memorial expressing their belief that co-education was a failure. One is inclined to attach strong significance to the presence of women in the only senior medical class that was ever known to deal thus frankly with its preceptors.

The possession of an American diploma of as early date as 1885 is pretty good evidence that its possessor was not at that time fit to practice medicine. All who ripened from that ancient vintage, remembering how they were thrust out untimely to prey upon a confiding public, agree fully with the sense of that memorial, and it seems a striking coincidence that a mixed class let out the secret. The circumstance illustrates a distinctly feminine characteristic.

In a couple of centuries we shall have statistics upon which to define woman's place in medicine. Meanwhile, here's hoping that the fair postulants may soon win their way into the ranks of male students, for here only can their fitness be fairly tried."

The above, from the Maryland Medical Journal, is fully in accord with views which we expressed in this Journal more than ten years ago. We may be convinced that we are in error, but until so convinced, we shall maintain the position, that the women of our country should not be induced to enter the practice of medicine.

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Contributors to the Journal, 1901.

January—
DR. DYER F. TALLEY.
DR. T. A. CASEY.
DR. F. P. HIXON.
DR. E. O. WILLIAMSON.
DR. W. M. CUNNINGHAM.

February—
DR. R. P. HUGER.
DR. B. L. WYMAN.
DR. U. J. W. PETERS.

March—
DR. L. C. MORRIS.
DR. S. L. LEDBETTER.
DR. C A. FOX.
DR. JOHN D. S. DAVIS.

April—
DR. HUGH BOYD.
DR. S. M. C. HOWELLE.
DR. W. E. HARRISON.
DR. R. C. BANKSTON.
DR. J. M. MASON.
DR. W. H. SANDERS.
DR. GEO. H. NOBLE.

May—
DR. E. D. BONDURANT.
DR. M. B. CAMERON.
DR. M. C. SCHOOLER.
DR. A. E. MEADOW.
DR. J. U. RAY, JR.

June—
DR. W. L. BULLARD.
DR. S. C. CARSON.

June—
DR. W. P. HARPER.
DR. R. C. BANKSTON.

July—
DR. L. G. WOODSON.
DR. E. O. WILLIAMSON.

August—
DR. R. C. BANKSTON.
DR. EDGAR A. JONES.
DR. J. C. JOHNSTON.

September—
DR. R. R. KIME.
DR. W. H. WILDER.
DR. R. C. BANKSTON.
DR. W. P. SPRATLING.

October—
DR. W. E. B. DAVIS.
DR. J. M. MASON.
DR. THOS. D. PARKE.

November—
DR. JAMES E. DEDMAN.
DR. IRA LANDRETH.
HON. JOHN B. KEEBLE
DR. R. R. KIME.
DR. J. B. GIBSON.
DR. S. HERCHELHEIM,

December—
DR. W. C. McGANNON.
DR. PUGH N. BROWN.
DR. MICHAEL CAMPBELL.

SOME OBSTINATE BLADDER CASES.

By George W. Hopkins, M.D., Cleveland, Ohio.

John C., aet 31. Occupation, Patrolman. Following exposure, patient experienced bladder symptoms as follows:

Frequent urination, tenesmus, hypogastric pain and a temperature of 101.4 degrees.

The urine was scanty, turbid and loaded with mucus.

Diagnosis: Acute Custitis.

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Treatment consisted of rest in bed, restricted diet, anodynes for the tenesmus, diluent and alkaline drinks.

The acute symptoms promptly subsided but the urine continued abnormal despite the general measures employed and the internal administration of urinary antiseptics.

Irrigation with Boric Acid solutions of varying strength proved unsatisfactory as did also solutions of Potassium Permanganate and Silver Nitrate similarly applied.

A twenty per cent. solution of Glyco Thymoline was then substituted for irrigation, and the improvement was marked and continuous until recovery was perfect.

Harry R., aet 43. Occupation, bookkeeper. Had a history of bladder trouble of several years duration.

His urine was blood tinged and loaded with mucus.

Microscopic examination revealed an abundance of ammonia, magnesium phosphates, numerous disintegrating pus corpuscles, blood corpuscles and blood shadows.

Repeated examination with the sound gave negative reults, but a skiograph taken with a high vacuum hard tube revealed a small calculus which had persistently evaded the sound in previous examinations. Lithotomy was performed and the calculus removed but the urine failed to return to normal.

Irrigation in turn with Boric Acid, Potassium Permanganate and Silver Nitrate solutions proved unsatisfactory.

Glyco Thymoline irrigations proved satisfactory from the start and recovery was ultimately perfect.

William L., aet 55. Occupation saloonkeeper. Had a history of repeated attacks of gonorrhoea which were never appropriately treated.

Urine was voided with great difficulty, at frequent intervals and loaded with mucus. Reaction was alkaline and the microscope revealed an abundance of amorphous phosphates of calcium and magnesium, flat epithelial cells, disintegrating pus corpuscles, and indigo crystals.

Examination confirmed diagnosis of chronic cystitis due to urethral stricture and hypertrophied prostate.

Catelectrolysis by the slow method removed the stricture and Bottini's operation relieved the enlarged prostate but the urine failed to clear up as desired.

The cystocope showed marked changes in the bladder walls but catheterization of the urethers yielded negative results.

Appropriate urinary antiseptics were administered internally and Silver Nitrate solutions by vesical irrigation with only slight improvement.

Irrigation with twenty per cent. solutions of Glyco Thymoline gave early and continuous improvement until recovery was perfect.

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Miscellaneous Notes.

NEW ORLEANS POLYCLINIC

Now in session fifteenth year. Closes May 31, 1901. Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery. The specialties are fully taught, including laboratory work. For further infomation, address Dr. Isadore Dye, Secretary, New Orleans Polyclinic, Postoffice box 797, New Orleans, La.

A first-class new surgical chair for sale at this office.

Attention is called to the new advertisements in this issue of the Journal.

Dr. Wood, of Attalla, Ala., was in to see us during the month, and paid his subscription to the Journal to January 1, 1903. The Doctor has been a subscriber for more than 10 years.

We call the attention of our readers to the advertisement of the Robinson-Pettet Co., Louisville, Ky., which will be found on another page of this issue. This house was established fifty years ago, and enjoys a widespread reputation as manufacturers of high character. We do not hesitate to endorse their preparations as being all they claim for them.

It is our custom to mention through these columns from time to time new preparations that are offered the profession by reliable manufacturers, if they are known to possess real merit. A preparation that is just now attracting much favorable comment from the profession is the new antiseptic emulsion, Firolyptol with Eucalyptol and Kreosote, prepared by The Tilden Company, Manufacturing Pharmacists, New Lebanon, N. Y.

I have no hesitation in saying that I consider Peacock's Bromides invaluable and have for years used it exclusively in my sanitarium, when bromides were indicated. Commercial bromides are crude and rank as compared with Peacock's. The greatest danger of injury to the patient and the product lies in substitution. I now only buy from my wholesale druggist in dozen lots. Allan Mott Ring, M.D.
Arlington Heights, Mass.

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I have employed the Pepto-Mangan (Gude) in a case of marked secondary anaemia with profuse gastro-intestinal haemorrhages due to an ulcer of the stomach, with most excellent results. The patient, an extremely weak woman who was somewhat disinclined to take any kind of medicine, praised within a short time the very agreeable taste of the preparation, and her appetite and condition of nutrition improved very rapidly, so that at present she exhibits a very healthy appearance. Pepto-Mangan has been regularly continued in her case.

According to my other experiences I am warranted in concluding that your Pepto-Mangan, owing to its agreeable taste and ready digestibility even in the presence of impaired gastric function, belongs to our most valuable ferruginous preparations.

Dr. Aug. Hammer, Medical Councillor; City Phys.

Lathing Establishment at Langerberg, near Marienbad, Bohemia, August 21, 1901.

Believing that a proper exercise of preventive medicine is of incalculable importance to the human race and desiring to stimulate further research in this line, or at least to disseminate some of the newer ideas so prominently discussed by the medical profession of recent years, we offer two prizes:

A prize of one thousand dollars and a second prize of five hundred dollars in cash for the best essays on that subject.

CONDITIONS OF THE COMPETITION.

First.—Essays offered in competition must treat the subject of Preventive Medicine in its various relations to the welfare of the human race, either treating the topic in its broadest scope as affected by disease, custom, environment, heredity, etc., or from the view-point of the specialist who contends that the most potent factors inimical to mankind result from special conditions which he is enlisted to combat.

Second.—In order that there may be no violation of medical ethics and no suspicion of mere commercialism on our part, Maltine or any of its combinations must not be mentioned or even indirectly alluded to in the essays.

Third.—Competition is open to graduates of all recognized medical colleges.

Fourth.—The essays will be judged by the following gentlemen:

Daniel Lewis, A. M., M. D., New York, President New York State Board of Health; Professor of Special Surgery (Cancerous Diseases), Post Graduate Medical School; Surgeon to the Skin and Cancer Hospital; Editor "Medical Review of Reviews."

Charles A. L. Reed, A. M., M.D., Cincinnati, Ex-President American

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Medical Association; Ex-President American Association of Obstetricians and Gynaecologists; Fellow British Gynaecological Society.

John Edwin Rhodes, A. M., M.D., Chicago, Associate Professor Diseases of the Chest, Throat and Nose, Rush Medical College; Former Professor of Physical Diagnosis and Clinical Medicine, Northwestern University Woman's Medical College.

and the prizes awarded in accordance with their decision.

Fifth.—The essays are to consist of at least ten thousand words.

Sixth.—Each competitor is to send us three typewritten copies of his essay by mail in a sealed envelope. These copies are not to be signed by the author, or contain anything which might point to his identity, but are to be signed with a nom-de-plume.

Seventh.—Another sealed envelope shall be sent to us containing this nom-de-plume together with the author's name and address. This envelope must be endorsed "For Identification," and will remain sealed until the judges have decided upon the two prize-winning essays, and will then be opened in order that the names of the successful competitors may be ascertained.

Eighth.—The prize essays and any others which are deemed suitable will be published in a medical journal or journals subject to the approval of the authors.

Ninth.—We reserve the right to republish any of these essays in pamphlet form, restricting the circulation to the medical profession.

Tenth.—Essays entered in competition must be in our hands by September 1, 1902.

THE MALTINE COMPANY,
8th Avenue and 18th Street, Brooklyn, New York.

PROF. SCHWEITZER PROFOUNDLY IMPRESSED WITH PARKE, DAVIS & CO.'S PLANT.

Prof. H. Schweitzer, one of the foremost chemists in the country, secretary of the American branch of the Society of Chemical Industry of London, England, ex-professor of chemistry in the great Heidelberg University, and a member of the committee on adulterations of the National Wholesale Druggists' Association, is at the Russell House.

Prof. Schweitzer come to Detroit for the purpose of giving expert testimony in the case against Detroit men charged with counterfeiting trade marks owned by Farbenfabriken, Bayer & Co., of Elberfeld, Germany. The professor is well known to the courts in the East, as he is almost invariably called as an expert in cases where the questions invovled are similar to those that will come before the court in the Detroit case.

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Herr Schweitzer is but forty-one years old, yet he has reached the very pinnacle of success in his chosen profession. In appearance he is the typical dashing student of the German universities, ever ready to quaff a glass of Rhine wine or bock beer, and just as ready to fight a duel in the moonlight.

The professor has traveled all over the world perfecting himself in his profession, but not until he came to Detroit did he realize the greatness of the Parke, Davis & Co. plant. He said he had heard of it in all quarters of the globe, and yet he did not expect to see such an enterprise in what he called the "middle west of a half-populated country."

Prof. Schweitzer visited the plant yesterday afternoon, and this is what he says he found:

"The greatest industry of the kind in the world, the greatest beyond all question. The biological department was astounding. The physical assay work on animals is worth to a student a walk of 1,000 miles. The scientific atmosphere is an inspiration and the ingenious machinery a marvel. I was told that there were employed in the factory alone over 1,500 people, and that the firm has 207 traveling men employed.

"There are five American branches, I was told, and there are manufacturing plants in England and Canada. In the English plant are employed 250 persons. There is nothing wanting in this plant for the production of powerful, accurate, uniform and palatable medication. They have a circulating library for the employes, as well as an emergency hospital, and I understand the employes have decent hours and are well treated."

The professor was asked why such plants are not established in the old world. He said:

"The reason is that in the countries of Europe every druggist is a manufacturer. He compounds his own medicines in the back room of his store. He has his own laboratory, and there he experiments. Here it is different. If the druggists of the old world could have walked through the plant that I walked through today, they would no doubt have become discouraged, for they would realize that they could never hope to learn in a lifetime what is learned in that institution every hour."

Prof. Schweitzer will remain in Detroit until the cases before the courts are disposed of. In the meantime he will visit the University of Michigan. This is his first visit to this city, and he expresses himself as being charmed with the city and with its people.

Attorney Allan H. Frazer, who is a friend of the professor, will see to it that he comes in contact with the bright side of Detroit life.—From the Detroit Journal, Tuesday, Oct. 22, 1901.

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THE EVIL OF SUBSTITUTION.

Many suggestions relative to obviating this despicable custom among many retail druggists have appeared among the editorials of the medical press, but most of them have lacked the practicality so essential for success in a movement of this kind. Dr. J. D. Williams, of New York, in a contribution to one of our exchanges has made some very valuable suggestions among which we quote:

"There can be no subject of more importance to physicians than the violation of their confidence on the part of a dishonest dispensing druggist. Law will not make a dishonest man honest, but the right law properly executed will prevent a criminal's further infliction of injury upon society. The requirement of a license to all druggists who dispense drugs or medicines, revokable upon the licensee's being convicted of substituting any ingredient drug or medicine other than, and in lieu or instead of, that specified in the prescription, order or request in writing, of any physician, would go a long way to aid in the matter of honestly filling prescriptions. Let the medical societies induce their respective State Legislatures to enact a law requiring such a license, with a simple and practical procedure for establishing the guilt and enforcing the penalty against infraction, and the practice of substitution would soon cease.

"Let proceedings for revocation of license be before the court, board, or officer, empowered to issue the license, and be set in motion at the relation of either the Board of Health a local medical society, or the purchaser upon whom the fraud and imposition had been done, or of the physician by whom the prescription or order was issued or given, or of any person, firm or corporation for whose brand or make of drug or medicine the substitution had been perpetrated. Let the licensing board, court, or officer be empowered to issue citations, subpenas for witnesses, to administer oaths, and be given all other requisite powers for duly trying the issues and revoking the license of the guilty. These conclusions are logical, and we congratulate the action; we think, however, that he should have made his suggestion relative to making the austere healths boards the prosecuting power a little stronger. This method is our chief hope."—Gaillard's Journal.

MORPHINE AND ATROPINE IN CARDIAC DYSPNOEA.

Dr. Graham Steel (Quarterly Medical Journal), in an article entitled A Present Day View of Heart Disease and Its Treatment, says:

"I will conclude with reference to a treatment that is too often also the conclusion of our therapeutic endeavors, I refer to the relief of dyspnoea and the promotion of euthanasia by the hypodermic administration of morphia and atropia, but do not think there is any throw-

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ing up of the sponge when we have recourse to it. Only within the last couple of months I had a patient, with aortic incompetence and complications, in the Infirmary, who seemed not likely to live half a dozen hours, and whose friends had been so informed. His distress of breathing, etc., was great, and I ordered him a hypodermic of morphia and atropia. He began to improve almost immediately and is now unquestionably convalescent. Every now and again we meet with such a result. Paroxysmal dyspnoea is the symptom that specially indicates the use of morphia, and such dyspnoea is often found to be associated with considerable arterial tension. At first nitrites and alcohol give relief, but later we must have recourse to morphia and atropia. As conditions that militate against the use of morphia, I think much accumulation of bronchial secretion is a stronger contra-indication as regards its use than kidney disease. Indeed, some cases of heart failure in Bright's disease derive great benefit from its use and stand fairly large doses, but the first dose should always be small; one must feel one's way to the dose that brings relief without risk.

"One thing is essential for the practitioner who treats heart disease, it is that he should never know when he is beaten while his patient is alive. When his patient is dead, he should at least have the consolation of having fought a good fight on his behalf."—New York Medical Journal.

AN UP-BUILDER IN POST-GRIPPAL CASES.

Very many of our readers know, by reputation at least, Dr. A. H. Ohmann-Dumesnil, one of the foremost physicians of St. Louis. From a letter of recent date we are permitted to quote the following, which we do with pleasure. "I needed a roborant, and took, with much benefit to myself, Hagee's Cordial of Cod Liver Oil Compound. Since then I have had occasion to use it in a number of cases of grippe, and in all of them the results were of the best. The action of this preparation is rapid and thorough; and in a remarkably short time a case is recovered. It is certainly the remedy par excellence for this now prevalent affection.

'In a number of post-grippal cases in which enteric neuralgia, bronchial involvment, and a number of nervous symptoms manifested themselves, I have found this preparation equally effective. It is an excellent up-builder, and rapidly restores to its former condition the weight which has been diminished by the waste of tissues consequent to gippe."

This is certainly very high praise and from an eminent authority.—Massachusetts Medical Journal.

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ANDRENALIN CHLORID.

Booth (Albany Med. Jour., Int. Med. Mag.) considers that this drug is one of the most valuable ever added to the list of laryngology or rhinology. When the solutions of suprarenal capsule were first employed, the difficulty of preserving it added many failures from its decomposition. Dr. Jokichi Takamine isolated the active principle of the gland, which seems to possess all its virtue and does not undergo decomposition when sterilized. Its solutions are stable, but it does not mix with oils, and therefore it is excluded from the various petroleum preparations. When this drug is applied to the field of operation, considerable shrinkage of the tissue will be noticed, and if cocain is then applied the absorption is decidedly less, and the danger of intoxication is correspondingly decreased. As might be presumed, the hemorrhage during the operation is also decidedly less, but when the tissues regain their normal tone considerably bleeding is apt to follow. This can be obviated by packing the cavity with cotton soaked in a 1-10,000 solution; the best strength to apply before operating is from 1-3,000 to 1-5,000. If this solution is allowed to remain in contact with the tissues too long a slough is apt to follow. This evidently is due to the fact that the vessels are contracted too long and the vitality of the tissue is so reduced that it does not recover. In hydrorrhea a 1-10,000 solution will be found of value and also in singers the use of this strength solution in a downward spray in the larynx will allow the use of the voice in a very short time. Upon the heart its effect is quite marked, and if a few drops of a 1-10,000 solution are placed beneath the tongue of a person under an anesthetic rise of blood-pressure is soon observed. In some there seems to be an intolerance, and the application to the nasal cavities will produce severe sneezing and burning in all the air cells adjoining, severe headache, and injection of the conjunctiva.

CANCER OF THE RECTUM IN THE FEMALE.

Wallace K. Oakes (Journal of Medicine and Science) reports a case of cancer of the rectum in a woman forty-six years old, and describes an operation which he thinks indicated in cases in which the patient is a female, and the cancerous growth is above the sphincter and below the sigmoid. In this case the growth was two and one-half inches up in the bowel, and completely encircled the rectal canal. The sphincter was dilated and the rectum attacked by cutting directly through the vaginal floor, beginning two inches above the vaginal outlet.

The incision was carried through the perineal tissues and into the rectum, the latter being laid open from this point, and through the sphincter. The rectal-tube was dissected away from the surrounding

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tissues, the section containing the cancerous growth excised, the upper segment pulled down and sutured to the lower segment containing the sphincter. The rectal, perineal, and vaginal tissues were then approximated by sutures. The patient has recovered, having complete control of the sphincter. There is as yet no sign of recurrence, although but a few months have elapsed since the operation. A woman with a cancerous rectum was treated similarly, in 1892, by Oakes; she lived for one year, then died of cancer of the stomach. There was no sign of recurrence in the rectum.

The method of operating as described by Dr. Oakes was adopted in a case at the New York Post-Graduate Hospital in 1896, in which the feasibility of the vaginal incision was amply proven and the result satisfactory. Professor Horace Tracy Hanks, Gynecologist to the Hospital, operated as suggested by Dr. Daniel Lewis, the surgeon in charge.—Medical Review of Reviews.

PROSTATECTOMY.

The technic of this operation, claims H. Mynter, (Annals of Surgery, October, 1900), should be improved especially by avoiding suprapubic cystotomy or laparotomy in order to crowd the organ down to the operative field, and thus obviating the shock of the operation and the prolonged after-treatment in bed, to say nothing of the other greater risks. In a patient of his, weighing two hundred and forty pounds, and except for the prostatic disease perfectly healthy, he followed this method. The usual straight antero-posterior perineal incision was met by a semicircular one embracing the anus and close to it. The rectum was next freed and the prostate, well in view all the time, was crowded down by a hand above the symphysis pubic. A stone-searcher occupied and outlined the urethra. Enucleation of all the lobes was accomplished without deliberate opening of the bladder or the urethra. The urethra was accidentally torn between the sound and the fingernail toward the end of the operation. This necessitated the drainage and the long after-treatment which would otherwise have been avoided. This tear can be escaped beyond doubt, the writer thinks. Where cystitis makes drainage necessary, a permanent catheter can be tried, or, failing in that, the urethra can be opened later in the perineum well forward. The removed prostrate in this case weighed 2 3-4 ounces.—Medical News.

AFFECTIONS OF THE SYMPATHETIC.

When we recall the association of the sympathetic nervous system with the nervous supply of the lungs it is surprising that affections

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and irritations of that system are not more frequent in pneumonia. Perhaps when we are better acquainted with the physiology and pathology of that anatomico-physiologic enigma of medicine we shall be able to account for some of the riddles of pneumonia and its relation to the sympathetic.

In an article read before the Royal Medical Society of Edinburgh, J. Easton[34] related the careful study of the pupils in fifty-four cases of pneumonia. Forty-four per cent. were unequal, due to dilation of one pupil. In twenty-one of the twenty-four cases the large pupil was on the side of the pneumonia; in three it was on the opposite side. Of the twenty-four cases fifteen were apical pneumonias, four middle-lung, and two basal. Of the thirty that were equal, twenty-six were basal, four apical, all of which latter were in children. Dilatation of the pupils occurs early in apical pneumonias but late in basal. He explains the condition as an effect of an irritation of the sympathetic filaments from the second, third and fourth dorsal nerves. He also regards the flushed cheek as another example of the irritation of the sympathetic; two or three cases are noted which presented a blanched cheek on the pneumonic side; in two cases he observed a marked protrusion of the eyeball with widening of the palpebral aperture and dilation of the pupil on the same side complicating pneumonia of that side. This latter symptom complex is unquestionably due to sympathetic irritation.—Bulletin Cleveland Medical Hospital.

THE EFFTCT OF ALCOHOL ON DIGESTION.

J. A. Storck concludes from his experimental studies that small quantities of alcohol favor salivary and gastric digestion; large quantities inhibit salivary, gastric and pancreatic digestion. Alcohol, whisky, gin and brandy are less harmful to the digestive processes than are malt liquors and wines. The continuous use of alcohol, even in small amounts, is liable to prove detrimental to the digestive process. In persons of weak digestion alcohol, as a rule, is harmful unless given well diluted. Strong alcoholics should never be given when the stomach is free of food. Alcohol is a valuable food in disease; requiring no primary assimilation, it yields force rapidly to an exhausted system, and, in small quantities, it promotes appetite. It is well to bear in mind that the purer the whisky or the brandy, the less liable it is to produce digestive disturbances. According to Dujardin-Beaumetz, the toxic effects of the alcohols increase with their atomic weights, with the exception of the highest and the lowest. Finally it is true, as Wood says, that "science in no way contradicts the experience of every

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bon vivant that the small doses of alcohol increase, and larger amounts interfere, with the activity of digestion."—New Orleans Medical and Surgical Journal.

SOLANUM CAROLINENSE IN TRISMUS NASCENTIUM.

Marcey (Pediatrics, Sept. 15, 1900), relates his experience with solanum in the treatment of this usually fatal disorder. He describes the case of a nine-months-old baby whose jaws were closely locked and voluntary muscles in a state of tonic contraction. The whole muscular system was in such a rigid state that the child could be lifted from the bed by the head and heels without a particle of relaxation. The bowels were constipated, urine suppressed and the abdomen retracted. After clearing the bowels with a dose of olive oil, a teaspoonful of a mixture containing one drachm of salanum and one ounce of syrup and water was given every three hours to quiet the patient and produce a drowsy condition; this condition was maintained for a period of two weeks. The nutrition of the child was carefully looked after during the time. The muscles of the jaw were the first to relax and the hands and arms soon followed, lastly the abdominal muscles softened and the thighs relaxed, disappearing in the order of their appearance, the attack lasting nearly four weeks. Two other cases were observed and treated without result, both of them dying. The directions in these cases, however, were not followed. The case which recovered was the only one in which the entire physiological effect of the drug was secured and maintained.

SCARLET FEVER AND COW'S MILK.

Hall (Med. Rec., 1899, No. 20), in a paper on scarlet fever, calls attention to the interesting fact that scarlet fever does not occur epidemically in countries in which cow's milk is not a staple article of food. Such countries are Japan and China. In India where cow's milk is used and scarlet fever is extremely rare, he believes the custom of nursing the thild until it is three or four years old is probably the reason for its non-occurrence in epidemic form. The frequency with which epidemics of fever have been traced to a certain milk supply, causes this article to furnish considerable food for thought. Hall refers to an epidemic of scarlet fever which occurred in London and was traced to a dairy in which the cows were found to be suffering from a vesicular disease of the udders. Pus was secured from these vesicles and injected into healthy calves who developed similar vesicles, manifested an elevation of temperature, developed a diarrhea and also a running at the nose. He also mentions a similar epidemic of like character at Wimbledon which was also traced to a certain dairy.

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Society Reports.

NEW YORK ACADEMY OF MEDICINE—SECTION OF ORTHOPÆDIC SURGERY.

(Meeting of Dec. 20, 1901).

GEORGE R. ELLIOTT, M. D., Chairman.

Dr. Royal Whitman presented a child 21 months old, suffering from a condition which had at first been mistaken and treated as tuberculous disease of the knee joint. The particular interest lay in the fact that it was rheumatoid arthritis; the mistake was not uncommon when the large joints alone were affected as the signs were similar in the early stage. At present, both knees are involved, also a wrist, ankle and the fingers. The case was presented first, because rheumatoid arthritis was rare in oung children, and to call attention to a common error in diagnosis.

TORTICOLLIS.

Dr. Whitman presented a patient showing the ordinary treatment of confirmed torticollis. The permanency of the cure was the especial point to be noted. The treatment was by the open method of complete division of all the contracted tissues, over-correction of the deformity and fixation for several weeks in plaster of Paris. The advantage of a thorough operation was the ability to dispense with apparatus, while after the subcutaneous method apparatus was often necessary because not always possible to completely overcome all deformity. The case showed to a moderate degree hemi-atrophy of the face which was very marked in some instances.

RADICAL TREATMENT OF CLUB-FOOT.

Dr. Whitman also showed the result of radical treatment of club-foot in a child eight years of age. One foot had been cured by the ordinary means in early life; the other foot was operated upon July last. The foot that recovered first was much larger than the other one—an illustration of the effect of deformity in retarding development. He considered the Phelps open operation the best of the more radical operations for the ordinary club-foot of childhood and adolescence. The advantage being that the inner border of the foot was lengthened instead of the outer side being shortened, as was the case in certain operations on the bones. This patient was not confined to

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bed for more than one week, after that, it was allowed to walk about on the plaster of Paris bandage.

Dr. V. P. Gibney asked Dr. Whitman if the occurrence of rheumatoid arthritis in young children was frequent in the literature.

Dr. Whitman replied that he had not investigated the statistics on the subject, but that he had seen several cases in his practice and would judge that it was not exceedingly uncommon in early life.

Dr. W. R. Townsend said, in referring to the case of torticollis operated upon by Dr. Whitman, that he could not agree with Dr. Whitman as to the disappearance of the scar. He had seen many of these scars which looked well shortly after operation, yet had a tendency to grow more unsightly; he had even known keloid to develop. He thought that at all events patients should be warned of the possibility of a scar remaining.

Dr. Homer Gibney stated that he had seen a number of cases treated by both methods, open and subcutaneous. He had seen several scars disappear in young children. He considered the subcutaneous method the safest except in very severe cases.

Dr. T. Halsted Myers said a transverse incision would give the same exposure of the operative field and would enable the deformity of the scar to be better concealed.

Dr. Whitman had had no experience with keloid developing late in the scars; if such appeared it was usually within a few months after operation he thought. He stated it as his experience that the scars practically disappeared.

EXTREME DEFORMITY OF RICKETS.

Dr. V. P. Gibney presented two cases showing extreme deformity of rickets. The upper arms, back and legs were involved in one case giving the typical deformity of the disease. The second patient showed the lateral spinal curvature, the typical deformity of the thorax, beaded ribs, also deformity of the legs and arms. Both were being treated in the Bradford frame made convex in conjunction with general constitutional treatment.

CLUB-FOOT SHOE.

Dr. Gibney also presented a patient wearing a club-foot brace seen in Hartford and used by Dr. Cook as a modification of Taylor's club-foot shoe. In private practice he had been able with this apparatus to control some of the most obstinate cases. In the patient presented, treatment was begun when the patient was six weeks old. Several forms of apparatus had been used from time to time, but relapse had occurred. At prasent, after wearing the modified shoe the child holds her foot in perfect position and walks without deformity. The appa-

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ratus is a good retentive one though it does not take the place of operation.

TALIPES EQUINO VARUS.

Another case of a child 21 months old was also shown by Dr. Gibney with talipes equino varus. The deformity was extreme and was corrected under an anaesthetic and various methods had been employed; the last time it was seen it presented the typical "reel foot." It was thought that if the head of the astragalus could be removed, the fascia divided and the foot replaced, a cure could be effected. A relapse occurred after six to eight months. Under anaesthesia the foot was forcibly put in calcaneo valgus. Later a club-foot spring with pelvic band was put on and served fairly well, except that two sets of apparatus had to be kept on hand. Finally the modified braces were used successfully.

CASE FOR DIAGNOSIS.

Dr. Gibney also presented a boy 11 years old for diagnosis. He came to the hospital some months ago with the history of an injury four weeks previous, having fallen, striking his hip. He got up and limped about, but the next night could not sleep; he had fever with delirium. On admission to hospital he walked with thigh flexed on pelvis, had little fever and complained of pain in the hip extending to the knee. He was thought to have hip disease and was treated with pulley in bed. After three weeks, the angle of extension was 110 degrees, flexion normal, practically no pain on pressure. There was no apparent abscess and the spinal column was not involved. The diagnosis became doubtful. In October fluctuation was thought to be detected under the vastus externus. Incision was negative. The original diagnosis was finally abandoned and the case was considered one of periarthritis.

Dr. Myers asked Dr. Gibney what would be his prognosis in the case of the spinal curvature in the rickety patient.

Dr. Whitman stated in reference to the case of rickets, that when the patient entered the hospital the spinal deformity was thought to be the most serious of the distortions, and that for that reason the patient was placed on the frame.

Dr. Gibney said that Dr. Whitman had partly answered the questions of prognosis. He thought the child should be kept in over-extension for a while longer, and that after that a brace would keep the spine in place, and as the child developed the deformity would be in a measure outgrown. He considered the cases easy to manage so long as they could be kept under observation in a hospital; outside, the prognosis was not so good; no manual force had been applied to these cases yet.

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Dr. A. B. Judson suggested that while the children were being kept on the frame would be a good time to give mechanical treatment to the lower limbs.

Dr. Gibney considered the suggestion a good one and would adopt it.

Dr. S. A. Twinch asked what dietetic treatment was adopted.

Dr. Gibney stated that no scientific feeding was followed. Milk and Cod Liver Oil were given, sometimes iron. The object had been simply to keep the children well nourished.

Dr. Judson said that the club-foot shoe that was shown seemed more like a modified Taylor brace. It was evidently an effective apparatus. He noticed the absence of an ankle joint, which was very properly omitted, as better leverage was thus obtained and there was no good reason for the fear that want of motion in the brace would impair ultimate motion in the ankle.

Dr. Myers asked Dr. Gibney his opinion of tuberculin injection for diagnosis.

Dr. Gibney stated that he had not made use of these injection tests recently.

He cited a case at St. Luke's hospital (the first case tried there) where several lesions developed after the injections which some years have been required to relieve.

Dr. Townsend said that at a symposium on tuberculosis, recently held under the auspices of the New York County Medical Association, Dr. DeSchweinitz and others discussed the tuberculin test at length. The consensus of opinion as expressed by the men present was, that as a test for tuberculosis its value was doubtful and that the injections were inocuous.

INCIPIENT HIP DISEASE—RECOVERY.

Dr. A. B. Judson presented a girl 8 years old, who had been before the section on Nov. 16, 1900. At that time the history of left hip disease, covering 12 weeks, had included inconstant lameness, knee pain and reflex, night cries muscular atrophy and limitation of motion. A steel crutch and high shoe had been worn from November, 1900, to November, 1901. Recovery had been so complete that the only traces were 3-8 inch shortening and 1-4 inch muscular atrophy. The case illustrated the importance of early diagnosis. Traction and immobilization had not been sought. Recovery visited the limb freed from the weight of the body by being made pendant. In this artificial environment the focus was quenched which otherwise would have broken into flame.

A DEVICE FOR DEFORMITIES OF THE KNEE.

Dr. Judson presented a girl 10 years old, wearing a device useful in

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deformities of the knee. The patient was Case III. White Swelling of the knee, presented to the Section Oct. 20, 1899. The problem was to prevent the fixative brace from seeking the inner side, where is caused knock-knee, and to keep it behind, to oppose flexion. The brace was made of one piece with the shoe in such a way that when the shoe was on the brace would be in the proper place. A light steel bar extended up the leg and was fastened to the upright part of the brace by a sliding ring keeper. Its lower part, bent at a right angle, was screwed to the under side of the heel of the shoe at an angle to secure the effect deesired, keeping the brace behind to oppose flexion or to the outer side to oppose knock-knee.

SOFTENING OF THE TIBIA.

Dr. J. P. Fiske presented a case of localized softening of the tibia at the age of adolescence. The patient, a girl, now 14 years of age, was first seen in 1898, when she complained of localized pain in the lower part of the leg well above the ankle joint, thought to be a referred pain due to improper gait. At strap bound around the part brought no relief. The curve at the lower part of the tibia increased. At this time a positive diagnosis of tuberculous disease was made by a distinguished consultant and fixation advised; plaster splint was worn for six months. At the end of that time the leg was in the same condition except atrophy, but measurements showed that the tibial curve had increased. Two months later exploratory incision revealed negative results. February, 1901, an osteotomy was performed in the lower 1-4 of the tibia, the fibula shortened 1-8 inch, the deformity corrected and leg put up in plaster. Ten days after the operation the patient was fitted with an ambulant splint and six weeks later walked without the apparatus. Since then there have been no sympoms. The diagnosis of softening of the lower part of the tibia seems to have been the proper one. There is no difference in the length of the tibiae.

CONGENITAL DEFICIENCIES.

A second patient presented by Dr. Fiske was one of congenial absence of fibulae and outer side of foot, with equinus. The patient was seen at the age of one year. The fibulae and several of the metatarsal bones were absent, also the heel was undeveloped. An osteotomy was performed at once with tenotomy on the tendo Achilles, the position of the feet corrected. At present child is able to go about with a light brace.

Dr. George R. Elliott asked Dr. Fiske what kind of softening was present in the lower third of the tibia in the patient he presented.

Dr. Fiske stated that he had not reached any definite conclusion. He saw no reason why it should not be included in the same class with softening of the neck of the femur occurring at the age of adolescence.

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It might possibly be due to some error in development and in part to the weight of the patient.

DOUBLE CONGENITAL CLUB-FOOT.

Dr. Leonard W. Ely presented a patient one year old showing result of treatment for double congenital club-foot. The point of interest was that the right foot was treated uninterruptedly with a brace and the left with plaster of Paris. In contradiction to the general idea that plaster of Paris causes atrophy, the right leg was shown to be much smaller than the left.

TENDON TRANSPLANTATION.

Dr. R. A. Hibbs showed the result of tendon transplantation done in July, 1901, for paralysis of the tibialis anticus muscle. The extensor proprius hallucis was inserted into the periosteum of the scaphoid, and its distal end into the first division of the common extenus. The patient (21 years) exercised a good deal of intelligence in perfecting the action of the muscle with its new attachment. The foot had been in a position of marked valgus, with the scaphoid very prominent. The deformity was completely corrected. He stated that in all his cases during the past two years, when possible, he had attached the transplanted muscles to the periosteum.

Dr. Myers said the point mentioned by Dr. Hibbs in attaching the tendon to the periosteum was important; he did not believe in matting tendons together; the connecting bands stretched and the union was ineffecive. He had just dissected such a case. If the tendons were divided and the live one united to the tendon of the paralyzed muscle there was also often stretching.

Dr. Whitman said that the operation of perioteal tendon transplantation had been extensively practiced by Large of Munich who had reported many cases; his own experience with the operation had been favorable.

Dr. Fiske emphasized the importance of transplanting muscle tendons into the periosteum especiall when the muscle was to work at raising the inner side of the foot or the heel.

CONGENITAL DISLOCATION OF THE HIP UNDER TREATMENT.

Dr. Elliott presented a child, aet. 2 years, upon whom he had reduced a congenital dislocation of the hip by the Lorenz non-cutting method, showing the bandage in position. He presented the patient to show the position of the leg when the dislocation had been successfully reduced. A slight degree of hyper-abduction was necessary with the knee pressed back slightly posterior to the transverse axis of the pelvis. There was frequently considerable difficulty in getting the head of the femur into the acetabulum and of getting the knee down to the mid

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transverse pelvic plane or posterior to it, but unless that could be accomplished the operation should be abandoned as a failure, as relapse was certain.

In the patient presented he felt quite positive of a good result.

INTESTINES, MUCOUS DISEASE OF THE.

Treatment.—It is important to attend to the diet and general hygiene. The food must be easily digestible, nutritious, more solid than liquid, and should be taken in small quantities, with three, if not four, hours between each meal. Sir Andrew Clark recommended cold baths in this disease. Their use must, however, be limited to the cylindrical and tubular types. In these, exercise also is sometimes beneficial. The bowels must be kept regular in all types or stages. In some cases during the passage of the tubes rhubarb and soda may be given with much benefit.

Glycerin suppositories are also useful. Enemata may be necessary. Calomel in small doses appears to render the faeces less offensive. The abdominal pain is sometimes difficult to alleviate. Warm fomentations are useful with opium or cannabis Indica, with belladonna internally. This may produce constipation, and thus such remedies must be used with great care.

Later in the disease bromide of potassium combined with iron seems in some cases to be of use; and in others quinine, arsenic, and strychnine are most beneficial. In the haemorrhagic type pilula plumbi cum opio has been useful. Francis Hawkins (Edinburgh Med. Journal, November, 1901).

THE CORONER.

We might almost as well revive the old Dutch office of the patroon in New York as to go on maintaining that of the coroner. Thoughtful men have long been of this opinion, and the Massachusetts office of medical examiner has commended itself to them, but it has taken "almost an earthquake," as Dr. Purdy remarks elsewhere in this issue, to bring the matter to the serious consideration of the people in general. If our district attorney lowered his dignity a little in a recent affair with a coroner's clerk, as has been reported, he, too, has done something to make New Yorkers realize the utter uselessness of that expensive institution, the office of coroner, for he has fixed public attention upon it.

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It has more than once been recommended—and naturally the suggestion now comes up anew—that special medical officers connected with the board of health might properly perform the medical work now appertaining to the coroner's office, and that the board's existing resources for conducting chemical analyses and bacteriological investigations should be applied in the prosecution of such work whenever the necessity might arise, to the occasional great saving of expense, as has been shown in a number of murder cases within recent years. It would hardly be requisite, we presume, to couple any judicial function with the inquisitors' authority, for the district attorney, the grand jury, and the recorder would probably be free to exercise all the legal action that might be called for in any case of apparent criminal responsibility for a death.

Under any new order of things, of course, neglect and delay would have to be vigilantly guarded against, but doubtless it would be far more practicable to discipline appointed officers than those elected to serve for specified terms. Whether the investigation of deaths occurring under suspicious circumstances is made the duty of one set of medical officers or of another, the time has come, it seems to us, for some change to be made from the present cumbrous and antiquated methods. So far as we have been able to ascertain, no intelligent and disinterested citizens dissent from this view, and the people ought to be able to have their way in the matter without any great loss of time.—New York Medical Journal.

OPERATIVE INDICATIONS IN UTERINE FIBROIDS COMPLICATING PREGNANCY.

By Dr. Delageniere. (Le Progres Med., Oct. 19, 1901).

After a personal experience in seven cases, the author lays down the following rules: Abortion or premature delivery because of their larger mortality-rate is to be condemned. If the situation of the tumor indicates no danger during child birth, it is to be left alone. In the presence of threatening symptoms, in the case of viable children, vaginal or abdominal enucleation of the tumors should be done, and the pregnancy allowed to go to term. At term cesarian section followed by enucleation of the tumors should be done.

In the case of a non-viable or dead child in a non-infected uterus the same indications for surgical treatment in the above mentioned method should be followed. In the presence of infection, total or supra-vaginal hysterectomy becomes the operation of choice. The Porro operation should only exceptionally be considered.

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Abstracts.

Excerpts from the Remarks Made by Dr. Albert C. Barnes of Philadelphia,

At the Second Annual Meeting of the American Therapeutic Society, held at Washington, D. C., May 8, 1901.

The paper of Dr. Reyburn just read merely reiterates the well-known fact that petroleum, when administered internally, is not absorbed from the gastro-intestinal tract, but, as is equally well known, a remedy may have the most pronounced physiologic effects purely on account of its mechanical properties. Dr. Robinson, of Philadelphia, states in the Medical News of July 14, 1900: "In over fifty selected cases where nutrition, digestion and body weight were impaired and the purest oil administered in one or two dram doses, four times a day for periods of from three to six months, there was in every instance increase in weight and improvement in health, strength and feeling of well-being. The gain in weight was five and a quarter to twenty-three and a half pounds. There was no other change in living conditions or medication which might have caused these improvements." These clinical effects have been noted and recorded by a number of other observers. The manner in which petroleum accomplishes these results is shown by the laboratory experiments described in detail by the speaker. It was found that the addition of petroleum to albumen digested by an artificial gastric juice under exactly the same conditions as prevail in the human system, very materially hastened and facilitated the process of digestion; it was more rapid and complete than in the same experiment conducted without petroleum. Furthermore, it was shown experimentally that the mechanical influence of petroleum upon the churning, peristaltic movements of the upper portions of the small intestines favorably influenced the processes of absorption. In view of these experiments, it can be safely concluded that the manner in which petroleum beneficially effects nutrition is by facilitating, expediting and completing the processes of digestion and assimilation of food. Another experiment described by the speaker was that conducted upon a man with marked malnutrition, in which the changes in metabolism were accurately studied for a period of three weeks by feeding the patient upon a normal diet and then determining the daily elimination of nitrogen in the urine and faeces. It was found that under the influence of petroleum the re-

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tention of nitrogenous matter in the system was increased. As is well known, the only method of determining the influence of any agent upon nutrition is by determining the daily body elimination of nitrogen in the urine and faeces; if a patient's retention of nitrogen is increased, the most important element of the tissues is conserved, and nutrition is correspondingly improved. Furthermore, the facts that petroleum passes through the intestines in its original form, and that it is a solvent of many remedies administered for their antiseptic and astringent influence upon the intestines, indicate a useful field for petroleum as a vehicle. Robinson states (ibid.): "I have extensively given from five to ten grains of salol in two drams of this oil, four times a day, and reclaimed the oil from the faeces and found it to contain some salol and its components, phenol and salicylic acid. This proves the carrying of a chemical antiseptic and antiferment through the entire canal." This work has been corroborated by numerous other observers. The speaker stated in conclusion that the bulk of experimental and clinical evidence tends to show that petroleum is entitled to a wider field of application in medicine.

The Treatment of Nasal Catarrh by the General Practitioner.

By Eugene C. Underwood, M. D., Surgeon B. & O. S. W. R. R., Surgeon K. & I. B. Co., etc., Louisville, Ky.

(Abstract from St. Louis Medical and Surgical Journal, July, 1901.

I have long entertained the view that the general medical practitioner neglects to treat his patients for catarrh and sends them to a specialist when he could successfully manage these himself. In fact, the treatment of catarrh is very simple and the results which follow correct and systematic treatment are very satisfactory. In practice, two forms of chronic nasal catarrh are met. These are hypertrophic rhinitis and atrophic rhinitis.

The hypertrophic form is more generally seen, and is characterized by a thick mucous discharge from the nose, great liability to colds, obstruction of one or both nostrils, which forces the patient to breathe through his mouth, nasal intonation of the voice. There is more or less headache and the sense of smell is lost or impaired. There is dryness of the throat, deafness and other symptoms showing the extension of the disease to neighboring organs. Exostosis of the osseous structures often is seen.

Atrophic rhinitis (ozena) is characterized by a sense of dryness in the nose and throat, a thick, purulent discharge and the expulsion of

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discolored crusts and an offensive putrid odor. The sense of smell is impaired and the patient is weak and anemic.

The mucous membrane is dry and glazed, but in advanced cases ulceration and necrosis are present.

The treatment consists of applications directly to the diseased area and the administration of such internal remedies as will correct any coexisting disease or morbid state. In some cases where there is occlusion by exostosis the resources of surgery must be invoked.

Let me examine more in detail the treatment of the types of nasal catarrh.

In simple chronic hypertrophic rhinitis the results of treatment will be most flattering. In a case attended with no constitutional disease nothing is necessary beyond having the patient spray the nasal mucous surface with a solution composed of equal parts of water and Hydrozone every three hours.

If the case has persisted some time and the patient has an amount of mucous discharge, I have him take twenty drops of balsam of copaiba four times daily. The Hydrozone is not only a disinfectant and germicide, but its curative action on the inflamed mucous membranes is speedy and is not equaled by any other drug I have ever used. When the patient is anemic I have him take iron, and any other drug is used when it is called for by any associated disease or morbid condition, but the Hydrozone spray is used in all cases.

In the atrophic variety we shall have to use the same local application. The Hydrozone at once overcomes the offensive odor and takes off the purulent crusts.

These cases must be treated with cod liver oil, iron and such other remedies as will bring up the general health.

Here are a few clinical histories:

Mr. R. H. M., aged 60, had been a sufferer for two years. There was no exostosis, but when he had a cold he could breathe only through his mouth. He was in good general health, so I had him buy an atomizer and use a spray composed of equal parts of distilled water and Hydrozone. He sprayed the mucous surface of the nose every three hours. On this he made rapid improvement and in three weeks had no further symptoms.

S. M. T., age 18, had chronic hypertrophic nasal catarrh in which the mucous discharge was very abundant, and this was associated with dryness of the throat and constant desire to hawk and spit. She used the Hydrozone and water spray, and took fifteen drops of balsam copaiba three times daily. I had the pleasure of seeing this young woman go along to complete recovery in a period of six weeks.

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Mrs. R. J. C., age 49. This lady had atrophic rhinitis and as soon as she came near you the putrid odor asserted itself. Her general health was lowered. I had her use the Hydrozone and water spray and take cod liver oil internally. She spent last winter in Cuba, and has just gotten home greatly improved in general health and her catarrhal disease is better.

She says the spray effectually destroys the disgusting odor and that scarcely any discharge now appears.

I expect to see this patient entirely well in several months.

SCARLATINA, THE NASO-PHARYNX IN.

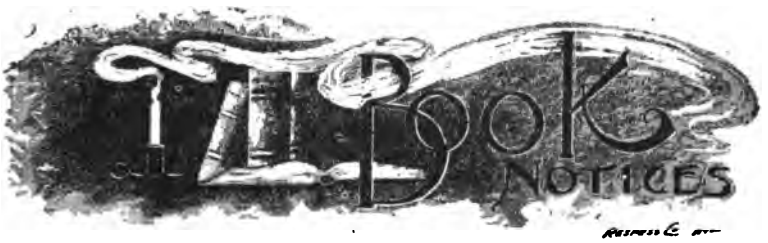
To clean and to disinfect the infiltrated mucosa in scarlatinous naso-pharyngitis, irrigations with 1 to 5 per cent. warm solutions of ichthyol, repeated every six hours, have been successfully used. A half pint is allowed to flow through the nares and the naso-pharynx from a fountain-syringe suspended about three feet above the patient. When the infiltration of the naso-pharynx has so far advanced as to obstruct the passage-way between nose and throat, irrigations will be found insufficient, for the fluid then returns through the other nostril without coming in contact with the surface of this cavity.

During the last year six cases of scarlatinous naso-pharyngitis in which irrigations were insufficient have been treated in a manner which readily overcame the obstruction. This consists in local applications with a 50 per cent. resorcin solution in alcohol. These resorcin-alcohol applications have proved themselves to be perfectly harmless, and are indicated in scarlatina as soon as the naso-pharynx becomes involved. A. Siebert (Archives of Pediatrics, August, 1901).

EPILEPSY, THE USE OF CHLORETONE IN.

Chloretone is a drug which, in selected cases, is an excellent substitute for the bromides. It is a drug which gives good results with decreasing dosage after the primary effect is obtained. In administering the drug, it is usually put up in capsules, and sufficient is given in the beginning to produce a hypnotic effect. In a large class of epileptic cases the fits occur most frequently at night, and one dose of 15 or 20 grains is given at night until a drowsy effect on the following day is produced; if the desired results in reducing the number of fits is obtained, the dose is reduced one-half and the patient kept on this indefinitely. The dietetic, hygienic, and constitutional treatment is rigidly enforced in conjunction with the administration of the chloretone. D. J. McCarthy (Inter. Med. Mag., August, 1901).

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VECKI'S SEXUAL IMPOTENCE.

THE PATHOLOGY AND TREATMENT OF SEXUAL IMPOTENCE. By Victor G. Vecki, M.D. Third Edition, Revised and Enlarged. 12mo, 329 pages. Philadelphia and London: W. B. Saunders & Company, 1901. Cloth, $2.00 net.

The reading part of the medical profession of America and England has passed judgment on this monograph. The whole subject of sexual impotence and its treatment is discussed bythe author in an exhaustive and thoroughly scientific manner. The former edition was exhausted in less than two years. In this edition the book has been thoroughly revised, and new matter has been added, especially to the portion dealing with treatment.

Although no one denies that the sexual function is of the very greatest consequence to the individual as well as to society in general, yet the subject of impotence has but seldom been treated in this country in the truly scientific spirit that its pre-eminent importance deserves, and this volume will come to many as a revelation of the possibilities of therapeutics in this important field. The author ventures to assert that in many cases it is a better deed to restore to an impotent man the power so precious to every individual, than to preserve a dangerously sick person from death, for in many cases death is preferable to impotence.

It is a well written, scientific work, and can be recommended as a scholarly treatise on its subject.

DORLAND'S AMERICAN ILLUSTRATED DICTIONARY.

THE AMERICAN ILLUSTRATED MEDICAL DICTIONARY. For Practitioners and Students. A Complete Dictionary of the Terms used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry, and the kindred branches, including much collateral information of an encyclopedic character, together with new and elaborate tables of Arteries, Muscles, Nerves, Veins, etc.; of Bacilli, Bacteria, Micrococ-

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ci, Streptococci; Eponymic Tables of Diseases, Operations, Signs and Symptoms, Strains, Tests, Methods of Treatment, etc. By W. A. Newman Dorlan, A.M., M.D., editor of the "American Pocket Medical Dictionary." Second Edition, Revised. Handsome large octavo, nearly 800 pages, bound in full flexible leather. Philadelphia and London: W. B. Saunders & Co., 1901. Price, $4.50 net.

A large first edition of the work was issued in October, 1900. From the day of its publication the book met with a remarkably large sale, and the edition was exhausted in eight months. This immediate success is doubtless due to certain special features which distinguish this work from other books of its kind. The avowed object of the author has been to furnish in a volume of convenient size an up-to-date dictionary, sufficiently full for the requirements of all classes of medical men, or, in other words, to give a maximum of matter in a minimum of space and at the lowest possible cost. This object has been secured by the use of a large page, thin bible paper, and a flexible leather binding. The result is a truly luxurious specimen of bookmaking.

In this edition the book has been carefully revised. The author has also added upward of one hundred important new terms that have appeared in medical literature during the past few months. Among them appear "Anopheles," "Cryoscopy," "Johimbin," "Hemolysin," "Hedonal," "Sacrectomy," etc., words that have recently come prominently before the profession, and which of course are not to be found in any other dictionary.

Other valuable features of the book are to be found in the complete and satisfactory definitions, the etymological references in the original languages, and the clear method of indicating pronunciation. There are over one hundred new tables, and the illustrations add greatly to the usefulness of the book.

In the preface the author avows his intention of making the work represent as fully as possible the live literature of the medical sciences by keeping it in all respects thoroughly up-to-date.

THORNTON'S DOSE-BOOK AND PRESCRIPTION WRITING. DOSE-BOOK AND MANUAL OF PRESCRIPTION-WRITING: with a List of the Official Drugs and Preparations, and the more important Newer Remedies. By E. Q. Thornton, M.D., Demonstrator of Therapeutics, Jefferson Medical College, Philadelphia. Second Edition, Revised and Enlarged. Octavo, 362 pages, illustrated. Philadelphia and London: W. B. Saunders & Company, 1901. Bound in flexible leather, $2.00 net.

This work is intended for the student of medicine both during his

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years of study as an undergraduate and the early period of his professional career. The volume will also prove of value to the practitioner of many years' standing for purposes of reference. In the revision additions have been made to the chapters on "Prescription-Writing" and "Incompatibilities," and references have been introduced in the text to the newer curative sera, organic extracts, synthetic compounds, and vegetable drugs. To the Appendix, chapters upon Synonyms and Poisons and their antidotes have been added.

As in the former edition, the volume will be a valuable work of reference for the practitioner, full of practical suggestions. To the student such a book is indispensable.

CHURCH AND PETERSON'S NERVOUS AND MENTAL DISEASES.

NERVOUS AND MENTAL DISEASES. By Archibald Church, M.D., Professor of Nervous and Mental Diseases and Head of Neurological Department, Northwestern University Medical School; and Frederick Peterson, M.D., Chief of Clinic, Department of Nervous and Mental Diseases, and Clinical Lecturer on Psychiatry, College of Physicians and Surgeons, New York. Third Edition, Revised and Enlarged. Handsome octavo of 870 pages, with 322 illustrations. Philadelphia and London: W. B. Saunders & Company, 1901. Cloth, $5.00 net.

This work has met with a most favorable reception from the profession at large, two editions having been exhausted in as many years. It fills a distinct want in medical literature, and is unique in that it furnishes in one volume practical treaties on the two great subjects of Neurology and Psychiatry.

In this edition the book has been thoroughly revised in every part, both by additions to the subject matter and by rearrangement wherever necessary, to make it more acceptable to the practitioner and the student. Several sections have been entirely rewritten, and there have been added a number of new illustrations, an increased amount of tabular matter, and a series of diagrams that have proved of assistance in the solution of diagnostic problems.

DORLAND'S MODERN OBSTETRICS.

MODERN OBSTETRICS: GENERAL AND OPERATIVE. W. A. Newman Dorland, A.M., M.D., Assistant Demonstrator of Obstetrics, University of Pennsylvania; Associate in Gynecology, Philadelphia Polyclinic. Second Edition, Rewritten and greatly enlarged. Handsome octavo, 797 pages, with 201 illustrations. Phil

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adelphia and London: W. B. Saunders & Company, 1901. Cloth, $4.00 net.

The first edition of this book was received with almost unanimous expressions of approval by the medical profession. In the revised editions it has been entirely rewritten and very greatly enlarged, so that it now forms a complete text-book of obstetrics along the lines that make the original edition so useful. A number of entirely new sections have been added, including chapters on the surgical treatment of puerperal sepsis, and the role of the liver in the production of puerperal eclampsia. Especial attention is given to the more recent pathology of obstetric conditions, as well as to the physiology and hygiene of pregnancy and labor; a more accurate elaboration of the mechanism of labor has been adopted. By new illustrations the text has been elucidated, and the science of modern obstetrics is presented in an instructive and eminently acceptable form.

CAMPHOR DRESSING FOR VARICOSE ULCERS.

Camphor is a drug which, for many years, was held in great esteem, especially in extra-professional circles; indeed, the late M. Raspail founded a school of therapeutics which still rejoices in great popularity in France, based on the use of camphor internally and externally as a curative agent. Its anti-spasmodic properties, though well authenticated, have of late fallen into disrepute, or at any rate into disuse, and externally it is only employed in this country in the form of a liniment of which it is but a subsidiary constituent. Two German physicians have recently called attention to the value of camphor dressings in promoting the cicatrisation of varicose ulcers of the legs which are notoriously refractory to treatment. They make use of an ointment containing 2 per cent. of camphor, with from fifteen to twenty parts of oxide of zinc, or, if this be found too irritating, they prescribe a mixture of two parts of camphor with forty parts of zinc oxide, and fifty parts of olive oil. An alternative application is a solution of the drug in spirit, but this must only be applied after the ulcerated surface has been thoroughly cleaned of scabs and crusts of poultices. It is asserted that under this treatment the most obstinate ulcer will cicatrise within three weeks, which is more than is claimed for the much lauded oxygen treatment, over which, moreover, it has the advantage of being more generally applicable at a vastly smaller cost.—The Medical Press.

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EPIPLOPLEXY IN CIRRHOSIS OF THE LIVER WITH ASCITES.*

By GASTON TORRANCE, M.D.,

BIRMINGHAM, ALA.

Talma, of Utrecht, was the first to suggest establishing a collateral circulation, by means of adhesions between the abdominal viscera and the parietes, for the relief of ascites in cases of cirrhotic liver. The first three operations cited below were performed in Holland as a result of this suggestion.

At the time that these operations were being done in Holland, Drummond and Morison designed the same operation independently, and Morison did two operations and must be credited with being the first to present a successful case to the profession.

Case I. Van der Meule, in 1889, operated upon a man with cirrhotic liver, probably stitching the omentum in the wound. He died immediately of shock.

Case II. In 1891 Schelkly had a case similar to this and did the same operation. He became delirious during the night, tore the dressing off and infected the wound, and died of peritonitis on the fourteenth day.

Case III. The next case is that of Thomas Lens, operated upon in 1892. The patient was a male, 61 years of age, who had atrophic cirrhosis of the liver. The omentum was stitched in the wound and he made a good recovery, but there was no relief from the ascites; this was supposed to be due to the condition of the liver. He lived

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for six months after the operation. At the post mortem the omentum was found adherent to the abdominal wall and contained moderately enlarged blood vessels.

Case IV. Drummond and Morison. September, 1894. The patient, a female 42 years of age, first noticed her feet and legs swelling in the early spring of 1893. In May she was tapped for the first time. Between May and August she was tapped 48 times, with an average of 12 pints of fluid each time. Beyond a great distension of the abdomen, nothing was found. Her health had been good until about a year before the abdomen began to swell. There was no history of alcoholism. The abdomen was opened below the umbilicus and dried out with sponges. The liver, spleen and parietal peritoneum were sponged. The omentum was sutured to the anterior abdominal wall. A glass tube was passed down into Douglas' pouch for drainage. Adhesive strips were applied to the abdomen down to the tube. The tube was left in place for 14 days; after it had been removed, the wound soon closed and in a short time the abdomen became distended again, and she was tapped 69 times during the remaining 19 months of her life. A post mortem was not made.

Case V. Drummond and Morison. October, 1895. A woman, 39 years of age, became ill early in 1895, vomiting blood and became jaundiced. The jaundice continued for several months, the distension became so great that it was necessary to tap her about the middle of July, and about every three weeks thereafter until operated upon, the fluid increasing every time. Previous to this she had always enjoyed good health. She drank quantities of spirits and wine. When admitted for operation, she was very much emaciated and could only rest in a sitting posture. The same operation was done as in the above case. The first ten days the tube was frequently pumped out. Three weeks after the operation no fluid was escaping, and the tube was removed. The patient went home perfectly well. Eight months after the operation, she developed a slight ventral hernia. This increased in size, and was operated upon two years later. The peritoneum was not opened. After the operation she complained of numbness of the extremities, became jaundiced and died the next day. Post mortem the liver, spleen, intestines and omentum were found attached to the parietes by numerous band-like adhesions, many of which contained very little except blood vessels. Some of these were four inches long and as large as the radial artery. The liver was much atrophied and degenerated. Microscopically, it showed fatty degeneration. Normal cells were few and were found in the centre of the lobes.

Case VI. This very interesting case was operated upon by Talma in March, 1896. The patient was a boy nine years of age, whose

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spleen and liver became enlarged without any known cause; he also had parenchymatous nephritis. This responded to treatment. There was no abatement of the ascites and an exploratory laparotomy was done with the expectation of finding tubercular peritonitis; the peritoneum was normal, and the abdomen was closed. The kidneys continued to improve and, after several tappings, the abdomen was again opened and the omentum and the gall bladder were sutured to the abdominal wall. A perfect result was obtained, there was no recurrence of the ascites. The spleen did not decrease in size, and was sutured into a pocket of the peritoneum, this being the third operation. Two years after operation, he was perfectly well. The spleen had grown much smaller, and the liver was performing its functions.

Case VII. R. Morison, in January, 1897, operated upon a man 42 years of age, who had been a moderate drinker, for cirrhosis of the liver. Two incisions were made, the lower one being used for drainage. A typical hobnail liver was found, which was somewhat contracted. The spleen was six times its normal size. The abdomen was sponged dry. The liver, spleen, coils of intestines and parietal peritoneum were rubbed with a sponge and the omentum was sutured to the abdominal wall. For three weeks he was alternately excited and depressed. He made a good recovery, and two years later the medical examiner of a well known insurance company passed him as a first class risk.

Case VIII. This case is the fourth operated upon by Morison, and was done two months after the one above. The patient was a very stout woman, 54 years of age, whose legs and abdomen had been swollen for 18 months. Two weeks prior to the operation, the abdomen was tapped and five and a half gallons of fluid were withdrawn. The abdomen was still very much distended and a round elastic tumor could be outlined, which proved to be an ovarian cyst requiring an extensive dissection for its removal. The liver was found to be cirrhotic with enlargement of the spleen and omental vessels. The abdomen was closed without drainage and the patient did well for a week, when she developed diarrhoea, went down rapidly, and died on the eleventh day, cirrhotic kidneys being the cause.

Case IX. Narath and Talma. October, 1898. The patient was a male, 59 years of age. The liver was hard and nodular, with a thickened capsule. The spleen was very much enlarged. Before the operation the patient had been very much depressed at times; this returned after the operation, with delirium. He eventually recovered from this. The operation consisted in sponging the omentum and parietal peritoneum and suturing them together. There was no return of the ascites.

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Case X. R. F. Weir. November, 1899. A man 39 years of age, a wine-taster by trade, first noticed his belly becoming distended two years before. He became jaundiced in March, 1898, and remained so three weeks. He was tapped in August and every week thereafter. He lost 25 pounds in weight. His urine showed a few granular casts, but no albumen. Heart normal, liver and spleen much enlarged. Incision made over the right rectus muscle in its upper third. The abdomen was dried out with sponges. The surface of the liver and adjoining peritoneum were scratched with a hat pin, and the omentum was sutured to the abdominal wall; a small opening was made above the pubis for drainage. Adhesive strips were applied down to the drainage tube. The patient died on the fifth day. A large echinococcus cyst was found in the right lobe of the liver, pushing up the diaphragm. Death was due either to this cyst or infection from the tube.

Case XI. A. E. Neumann. November, 1898. A female, 45 years of age, with a hard, firm and smooth liver and enlarged spleen, was operated upon for the relief of the ascites. The parietal peritoneum was curretted and the omentum sutured to it. She made an uneventful recovery, but had a trace of the acites left. Six months later this had disappeared, and she was apparently perfectly well. The veins of the abdomen around the umbilicus became quite prominent.

Case XII. Emil Ries. 1899. The patient was a woman, who had been well until the winter previous to this, when she began to suffer with pains in the region of the stomach. She lost about 70 pounds in weight during the winter. Was having hemorrhages from the bowels almost daily. There was a mass in the region of the liver. There was no edema or ascites; no history of syphilis or alcohol. At the operation, the liver was found to be deeply furrowed and cirrhotic, and showed some adhesions to the parietal peritoneum, with some enlarged vessels. The omentum was sutured to the abdominal wall. The patient was allowed to sit up in 24 hours, and walked around in three days ond went home on the seventh day. Has not had a single hemorrhage since the operation.

Case XIII. Narath and Talma. March, 1899. The patient was a woman, 67 years of age, who had had a chronic peritonitis, producing cirrhosis of the liver. The ascitic fluid was chyle like is character. The area of liver dullness was decreased. At the operation, the liver was found to be very small, hard and nodular, and markedly fibrous. The omentum was sutured to the abdominal wall. The wound was closed without drainage. The patient recovered, but there was no improvement in the ascites.

Case XIV. Folmer and Talma. May, 1899. This patient was a male, who had also had a chronic peritonitis, which produced the

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cirrhosis of the liver. At the time of the operation numerous adhesions were found between the liver, spleen, omentum and abdominal wall. The parietal peritoneum was scraped and the omentum sutured to it. The liver was enlarged, hard and nodular. The patient recovered, but there was no relief from the ascites.

Case XV. Rolleston and Turner. July, 1899. A man, 45 years of age, was admitted to St. George's Hospital, June 22nd, having vomited three quarts of blood during the previous 48 hours. He was a constant drinker of beer, and had syphilis 27 years before. The spleen was enlarged, but the liver was not. For several weeks prior to operation he had a slightly elevated temperature. There was great abdominal distension, with edema of feet and legs. Sixteen pints of fluid were withdrawn, by tapping, on the day of the operation. An incision was made parallel with and a short distance below the costal margin. Liver hobnailed. The surface of the liver was sponged and suture passed through its edge, the omentum and cut edge of wound, and then tied. No drainage. There was a steady improvement in his condition. He was somewhat depressed for a time, and for a short while complained of a dragging sensation. When seen four and a half months later, there was a trace of ascites and edema of the feet.

Case XVI. Rolleston and Turner. July, 1899. A Frenchman, 52 years of age, was admitted to St. George's Hospital, June 21st, having noticed the ascites two months, and the edema of the feet only two weeks before. He had suffered with morning vomiting for four months, and pain over the liver for two months. He drank large quantities of wine. Four days after admission, 18 pints of fluid were drawn off. The liver was found to be markedly cirrhosed. The surfaces of the liver and diaphragm were sponged and scratched with the finger nail and director. The margin of the liver was sutured to the abdominal wall. The patient recovered, but there was no relief from the ascites. He was tapped twelve days later, and this was repeated four times during the month following. When heard from two months later, he was very ill with distended abdomen and edema of the feet and legs.

Case XVII. Grinon, in November, 1899, operated upon a woman 47 years of age, for ascites. The parietal peritoneum was detached, and the omentum was sutured between. Wound closed without drainage. The patient's general condition improved, and the ascites was diminshed. The urine was scanty, prior to operation, but became normal afterwards. The veins of the abdomen became very much enlarged.

Case XVIII. A. A. Bobroff. November, 1899. The patient was a

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woman, 38 years of age, with atrophic cirrhosis of the liver. Medical treatment seemed to do no good, and an operation was decided upon. The abdomen was opened under cocaine, and a large amount of fluid evacuated. The peritoneum near the wound was scraped with a sharp spoon. The omentum was sutured to the upper and lower angles of the wound, the suture passing through the abdominal wall. The abdomen was closed without drainage. The operation lasted fifteen minutes. The patient made an uneventful recovery, and gained in weight and strength. There was a slight accumulation of fluid. The veins around the umbilicus became enlarged.

Case XIX. Bossowski, in 1900, operated upon a little girl, nine years of age, with cirrhotic liver for the relief of the ascites, cholecystotomy was done. Her general condition was improved, and the amount of the ascites decreased and returned more slowly.

Case XX. C. H. Frazier reports a case operated upon in July, 1900. The patient was a laborer of middle age, who gave a history of syphilis, and was constant user of alcohol and tobacco. He had a systolic murmur with enlargement of the heart, liver and spleen. The extremities were edematous, and the abdomen greatly distended. The urine showed albumen, but was otherwise negative. He was tapped four times during the two months prior to operation. A local anesthetic was used to open the abdomen, but the pain caused by handling the viscera made it necessary to administer ether. The parietal peritoneum was sponged and the omentum sutured to it. The abdomen was closed without drainage. Tapping had to be resorted to on the thirteenth and thirty-sixth days after operation, 328 and 96 ounces respectively being withdrawn. Three months after, there had been no return of the ascites and the patient was able to be out of doors daily.

Case XXI. Packard and LeConte report two cases operated upon October 13, 1900. The first was a white man, 36 years of age, who had been a constant drinker of beer and whiskey. There was no history of syphilis. He had noticed some swelling of the lower abdomen for the past five years. Tapping was resorted to four times during the two months prior to operation. His urine showed a few hyaline casts. Two incisions were made, the lower one being for drainage. A small hard liver and a very much enlarged spleen were found. The liver, spleen and peritoneum were sponged and the omentum was sutured to the abdominal wall. Adhesive strips were applied to the abdomen. He made a good recovery from the operation; was depressed at times. He lived 61 days after the operation, and died of heart failure and pulmonary edema. Firm adhesions between the liver and the diaphragm and the spleen and abdominal wall were found post mortem.

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Case XXII. Packard and LeConte. The patient was a white man, 52 years of age, giving a history of syphilis, and whose mother and sister died of dropsy. He had been a hard drinker. For ten or twelve years he had been passing blood by the bowel. He had noticed swelling of the legs and abdomen about two and a half months before operation. Tapped only once. The operation was similar to the one above, except that the spleen was normal and was not sponged. The liver was hard and nodular, and enlarged. The patient died of uremia four days later. A post mortem examination was refused.

Case XXIII. John B. Roberts reports two cases operated upon December 4, 1900. The first was a man, 49 years of age, who was temperate in his habits and whose father, although temperate, had died of cirrhosis of the liver. An explanatory laparotomy was done 24 days previous to this, after which he had partial suppression of urine with albumen and casts. The last operation was done under a local anesthetic, the peritoneum was sponged and the omentum attached to it with through and through sutures on either side of the wound. He died six weeks later of advanced liver and kidney disease. The omentum was found adherent to the abdominal wall.

Case XXIV. Jno. B. Roberts. The patient, a man, 54 years of age, had been a hard drinker. He had noticed some abdominal distension for eight months, and had been tapped nine times. His general condition was poor. His urine showed albumen and casts. A local anesthetic was used. The abdomen was opened first below the umbilicus, but the omentum could not be reached, so that an incision had to be made above the umbilicus. The omentum was sutured, as in the above case. The patient died of uremic coma the day following. All of the sutures had cut through except one.

Case XXV. N. M. Benisovitch reports a case 22 years of age with cirrhotic liver, probably due to alcohol, who was admitted to the hospital and tapped twice without any relief. A diagnosis of tubercular peritonitis was made, and the abdomen opened under a local anesthetic. The peritoneum was not diseased. There was a temporary improvement after this, but the ascites returned. Talma's operation was done and there was a marked improvement in the patient's condition. Two months later it was necessary to tap him. After that he gained flesh and strength rapidly.

Case XXVI. N. M. Benisovitch. A man, 56 years of age, who gave a history of chronic alcoholism, "was far advanced in the disease when Talma's operation was done." He seemed much improved for two weeks, and then began to decline rapidly, and died within 48 hours. "A rapid and marked accumulation of fluid took place before he died."

Case XXVII. Muscroft and Ingalls' patient was a man, 45 years of

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age, who had used wine, beer and whiskey since early manhood. There was no history of syphilis. The symptoms noted were jaundice, abdominal distension, edema of the feet and legs, and weak and rapid pulse. Was tapped once ten days before operation, slight improvements followed, but when operated upon, the distension was as great as at first, and the toxic symptoms were more pronounced. The urine was negative. Liver area was small. The operation was done under chloroform, two incisions being made, the lower one for drainage. The visceral and parietal peritoneum were sponged, and the omentum was sutured to the anterior abdominal wall. Adhesive strips were applied to the abdomen. Toxic symptoms developed during the night, and the patient died 30 hours after the operation.

Case XXVIII. Gaston Torrance. July, 1901. This case was seen first on the 8th of June, and the following history was elicited: J. T., age 45, white, a puddler by trade, married, an Irishman, had one sister to die at the age of 28 with enlarged liver and jaundice; family history was otherwise negative. Has been a hard drinker of beer and whiskey for 25 years. There was no history of syphilis. Had malaria 8 years ago and pneumonia 4 years later. Has always enjoyed good health. About the middle of last December feet, legs and abdomen began to swell. This passed off in about a week. He went back to his work and experienced no inconvenience for two months, when the swelling returned. He has had pain in the epigastrium for the past 18 months. When the abdomen becomes distended, he has pain in the region of the liver, with shortness of breath. Has lost 25 to 30 pounds in six months. He was able to work until about the middle of May. Has not had any hemorrhages from the mucous membranes. Breath sounds slightly roughened, but heard distinctly all over the chest. Some flatness at the bases posteriorly, probably due to the fluid in the abdomen. Heart sounds regular, slight accentuation of the second. Apex beat in 6th interspace 4 inches from the mid line. Liver dullness extends from upper border of the sixth rib to within two inches of costal margin. The stomach enlarged and extending over into liver area. Spleen considerably enlarged. Feet and legs swollen and edematous. Abdomen very much distended. Urine neutral in reaction spec. grav. 1010, no albumen or sugar, no casts. The patient was put on diuretics and salines without any reduction of the ascites and edema. This treatment was kept up until the first of July, when it became necessary to tap him on account of the dyspnoea. The abdomen at this time measured 42 inches at the umbilicus. 384 ounces were drawn off, the fluid was neutral, spec. grav. 1006, showed considerable albumen and was examined for sugar with a negative result. The diuretic and saline treatment was con-

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tinued with no apparent benefit. Was tapped again eight days later 256 ounces of fluid being drawn off; and again a week later, with 384 ounces as a result. He was admitted to St. Vincents Hospital on July 20th, for operation. He was passing a normal amount of urine at this time, which was a dark, amber color, clear, acid, spec. grav. 1030, no sugar or albumen found. Microscopically it showed crystals of calcium oxalate and uric acid, a few pus cells, no casts. His blood examination showed haemoglobin 65 per cent., red corpuscles 3,356,000, white corpuscles 8,000. Three days later, under ether, an incision about 3 1-2 inches long was made through the right rectus muscle above the umbilicus. A large amount of fluid was evacuated. The spleen was very much enlarged. The stomach was distended and extended across in front of the liver. The liver was very small, hard and nodular. The gall bladder was distended, filling the hand when grasped. The surfaces of the liver, spleen and parietal peritoneum were sponged and caused some oozing. Two chromicized cat gut sutures were passed through the parietal peritoneum on either side of the wound with a small pedicle needle and through the omentum, and tied so as not to interfere with the omental circulation. The abdomen was flushed out with salt solution and closed with through and through silk worm gut sutures without drainage. The following morning there was some hemorrhage from the mucous membrane of the stomach, which was vomited. He complained of some pain in the right lumbar region the second day. An attempt was made to get his bowels moved without much success. The abdomen became somewhat distended, the temperature went up to 101 F., pulse 128, volume fairly good. His pulse and temperature remained about the same until a short time before he died. Early the morning of the fourth day he became unconscious, with slow and very irregular breathing. Believing that these symptoms were due to uremic poisoning, he was transfused, about 1200 C. C. of salt solution being used. There was only a slight reaction, and he died at 6 p. m., three and a half days after operation. A post mortem examination was refused.

The operation was designed to relieve the portal circulation, it being supposed that the ascites was due to obstruction of the portal vein by the cirrhotic condition of the liver and that if part of this blood current could be turned into the systemic circulation, the pressure in the portal vein would be lowered and that the ascites would disappear. Ralleston and Turner argue that the ascites does not occur when the pressure in the portal vein is presumably the highest, i. e., in the earlier stages when haematemesis occurs; but being a later manifestation, is rather the result of a toxaemic condition of the blood than a mere mechanical obstruction of the portal circu-

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lation, and that it is the outcome of a poison in the blood exerting a lymphagoge action. The toxaemic condition is due to the cirrhotic liver being unable to destroy the poisons which are continually passing to it from the alimentary canal, and these getting into the general circulation cause edema of the legs and ascites. Numerous experiments have been made on dogs in which the blood from the portal vein was short circuited, passing into the inferior Vena Cava without having passed through the liver. When they were fed on meat, severe nervous symptoms were induced, depression, asthenia, convulsions, and sometimes ending in death. One of Morison's cases was alternately excited and depressed for three weeks. One of Packard and LeConte's cases was very much depressed at times, as was one of Rolleston and Turner's. This condition was probably due in these cases to the toxic material passing into the general circulation, but there was no return of the ascites, as the theory advanced by Rolleston and Turner would lead us to expect. Packard and LeConte claim that hemorrhages from the stomach and bowel appearing in the earlier stages do not necessarily mean that the pressure in the portal vein is at its height, but may be interpreted as an attempt on the part of nature to establish a collateral circulation, and the bleeding being the result of a varicose condition of those vessels. They also suggest that were the ascites due to this toxic material in the blood, that we would find a dropsical condition in all parts of the body, brain, heart, etc.

There are a few cases on record that have been cured after repeated tappings. R. L. MacDonald reports two cases, one of them was tapped sixty times, 9,000 ounces of fluid being withdrawn; four years later there had been no reaccumulation. The other case was tapped 31 times with about 8,600 ounces of fluid as a result. At first he was tapped every two or three days, and later about once a week, until finally it disappeared altogether.

Drummond has posted a number of cases of cirrhosis of the liver in which there were no ascites, and found vascular adhesions between the viscera and parietes, which probably accounted for the absence of the ascites. In some of these cases the cirrhos had existed nearly twenty years. Sappey gives the following as the normal circulation of the portal system: Veins connecting the portal vein with the phrenic vein and Vena Azygos Major, and running subperitoneally between the folds of the heptic ligament. Another large vein running in the round ligament connects the left branch of the portal with the epigastric and other veins of the abdomen. The coronary veins communicate freely with both Azygos veins through the oesophogeal plexus and the inferior mesenteric with the internal iliac, by means of the middle and inferior hemorrhoidal plexuses. These veins become very much

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enlarged and in some cases do succeed in diverting the blood current when the portal vein becomes obstructed, but in the majority of the cases it becomes necessary to increase this collateral circulation, and this is best acomplished through the omentum.

With the histories of 28 cases before us, the following conclusions have been summed up:

Rutherford Morison:

1. "Ascites due to liver cirrhosis can be cured by the establishment of an effective anastomotic circulation."

2. "Adhesive peritonitis produces adhesions between the abdominal contents and its parietes in which new blood vessels form. If there is any demand for the new blood vessels they remain permanently."

3. "The operation described in the paper by Drummond and myself is the safest and most certain method of producing adhesions."

4. "It is no longer advisable to treat the ascites due to cirrhosis by repeated tappings, if the patient is otherwise sound and in fair general condition. After one or two tappings have failed, operation offers the best chance of prolonged and useful life. The obstructed portal circulation has nothing to do with the enlargement of the spleen."

Rolleston and Turner hold that the operation benefits the patient:

1. "By somewhat diminishing the flow of blood through the liver, it may enable that organ to deal more satisfactorily with the blood passing through it, and so reduce the toxaemic condition of the blood, which is probably the important factor in inducing ascites."

2. "That the increased vascular supply to the surface of the liver may, by improving the nutrition of the hepatic cells, enable them to undergo compensatory hyperplasia. The compensatory hypertrophy of the liver will enable the organ to perform more efficiently its important antitoxic functions, and so lead to a latency of the symptoms."

Packard and LeConte:

"It is our opinion that where the diagnosis of pure portal cirrhosis of the liver can be made, and where persistent and well directed medical treatment is productive of insignificant results, that the operation should be strongly recommended. On the other hand, it would seem that the operation is scarcely indicated, if not contra-indicated, in cases of ascites associated with other kinds of cirrhosis (Hanot's, syphilitic, mixed, etc.), or with chronic peritonitis."

Muscroft and Ingalls:

1. "Prognosis is very bad in those cases of long standing presenting toxic symptoms."

2. "Results under both general and local anesthetics are about equal. Theoretically, local anesthesia should be used."

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3. "Shock is not noticed, these patients being in better condition after than before operation, due, no doubt, to the briefness of the operation, and the inhibitory action of the bile."

4. "Transfusion should be practiced at the time of the operation."

5. "Early operation should be advised."

Jno. B. Roberts:

"Epiplopexy should, in my opinion, be done as soon as practicable after the diagnosis of cirrhosis of the liver is made. In late cases the operation will probably not be of much therapeutic service. It seems as if there were good physiological grounds for believing it advantageous in early cases."

C. H. Frazier:

"The operation should be performed preferably under local anesthesia, as individuals afflicted with cirrhosis of the liver are usually alcoholics, and belong to a class in which ether narcosis of itself has a very material effect upon the mortality."

"The chief indication for the operation is the presence of ascites due to obstruction of the veins of the portal system, when the obstruction itself is due to cirrhosis of the liver. It should be borne in mind, however, that the operation is not indicated in every case of hepatic cirrhosis with ascites; the operation is absolutely dependent for its success upon the retained function of the liver cells. It has been suggested that the presence of cardiac or renal disease should constitute a contra-indication, but this might be regarded rather as a relative than as an absolute one."

Of the ten cases of this series that were cured, seven of them simply had the omentum sutured to the abdominal wall; Nos. 6, 9, 11, 12, 18, 20, 25. In No. 6, Talma did suture the gall bladder also, but the surfaces of the spleen and liver were not irritated at all. I am convinced that this is the best operation, as there is always more or less oozing from these irritated surfaces, and this makes an excellent culture medium for any germs that may accidentally get into the abdomen. Besides, the operation was designed to relieve the strain on the liver cells, and we should attempt to divert as much of the current from the liver as possible, and I, therefore, believe we should not attempt to form any adhesions between the liver and the abdominal wall. If I should have an opportunity to do the operation again, I shall tap my patient the day of the operation, and make a small incision with a local anesthetic, and simply suture the omentum without even exploring the abdomen."

The following table is an epitome of these 28 cases:

Death within two days.....	3	10.72 per cent
Death within one week.....	3	10.72 per cent

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Death within two weeks	2	7.13 per cent
Death ultimately	5	17.86 per cent
Cured	10	35.72 per cent
Improved	2	7.13 per cent
Unimproved	3	10.72 per cent
	28	100.00 per cent
Died	13	46.43 per cent
Recovered	15	53.57 per cent
	28	100.00 per cent

If we deduct from the table Morison's case, No. 8, which had a large ovarian cyst, and Weir's case, No. 10, which had a large echinococcus cyst of the liver, it will read as follows:

Death within two days	3	11.53 per cent
Death within one week	2	7.70 per cent
Death within two weeks	1	3.84 per cent
Death ultimately	5	19.23 per cent
Cured	10	38.47 per cent
Improved	2	7.70 per cent
Unimproved	3	11.53 per cent
	26	100.00 per cent
Died	11	42.30 per cent
Recovered	15	57.70 per cent
	26	100.00 per cent

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ACUTE DYSENTERY.*

By ALLEN E. COX, M.D.,

MILAN, TENN.

According to the best information at my command, acute catarrhal dysentery has prevailed more extensively throughout West Tennessee during the past season than it commonly does, and having treated not a few cases during the past summer, as well as during the previous summer and fall seasons, stimulate me to undertake writing a paper on this subject.

Acute dysentery, as met with in this section of the country, is usually of the catarrhal type characterized by prodromata more or less marked, anorexia and colicy pains in stomach or abdomen, with frequent stools mixed with mucus, blood, and sometimes pus; tenesmus fever and prostration, which in some instances is pronounced. It is an infectious disease involving the mucosa of the large intestine. In temperate climates dysentery is endemic, but in the tropics it is epidemic. Sporadic cases of amoebic dysentery sometimes occur in temperate zones, but they are the exception.

Etiology—There are three types of dysentery, each of which has special etiology factors, but with what I shall have to do will be the factors which enter into the causation of the catarrhal type.

Season probably heads the list of causes, the great majority of cases occurring during the summer and autumn. Sudden and violent changes of atmosphere are more important than an even temperature with moisture. Climate unquestionably plays an important part, and high temperature must be regarded as a powerful agency, since the disease is more prevalent in hot than in cold climates. Unhygienic conditions, it matters not of what nature, predispose to the affection. It is claimed by some that malarial districts suffer more than non-malarial. This fact, in the humble judgment of the writer, is explainable on the grounds that the external conditions which favor the development of malaria or its plasmodia, may, in a like manner, favor the growth of the dysenteric poison. Part of my cases bear out this theory, but not all by any means. Individuals whose vitality is below par because of attacks of malaria, may be more susceptible to the infection of dysentery, as they would be to many other diseases, but further than this it occurs to me that malaria plays no part. Improper food, particularly unripe or decomposed fruit eaten by individuals whose digestive tract is in a catarrhal state, are pronounced factors in the causation of this trouble. It is not known, or it has not yet

*Read before the Tri-State Medical Society of Alabama, Georgia and Tennessee.

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been proven, at least, what the specific bacillus of catarrhal dysentery is, but it is probably the bacillus coli communis, which may become pathogenic under favorable circumstances.

Symptoms—The attack may be initiated by a chill. In a large per cent of my cases it was not, but chilly sensations running up and down the spinal column were common. The stools at first are not frequent, no more than six or eight in the twenty-four hours, and they are painless; but they gradually increase in frequency until there are from two dozen to a hundred or two in the twenty-four hours. In fact, the desire to go to stool may become constant, and there is much tenesmus and straining. The character of the discharges varies according to the stage of the affliction. At first they are feculent or scybalous and rather copious, containing some mucus and blood, but after the first day or two they are small and less feculent until blood mixed with pus is the chief constituent. In severe forms of the disease, shreds of necrosed mucus membrane appear in the discharges. The frequency of the stools increases during the first week, which, if the attack is moderate in severity, becomes less frequent during next few days until there are not more than six or eight in the twenty-four hours and they are pultaceous or semi-solid. In the more severe types, at the end of the first week, the amount of blood diminishes, and a brownish material with mucus which is opaque appears in the stools. During the second or third week the stools are less frequent and are of a greenish cast which becomes mixed with some fecal matter until finally they are of normal consistency. The course of the disease of the milder types is about eight or ten days, and in the severe types of about three or four weeks. Is a few instances the affection tends to become chronic, which fact, in my opinion, is explainable on the grounds that there is a sequel to be looked for and this was the case in a few instances of my cases which will be referred to in detail later on. The tongue moist at first with a slick or greasy coating gradually becomes dry and is red or glazed. The pulse may not be much disturbed at first, but as the disease progresses, it becomes more frequent, reaching 110-15 or 20 per minute, and in severe types of the disease, it becomes very small and rapid, and hardly perceptible at the wrist. The skin is moist, cool and clamy. The temperature does not run high rarely reaching more than 102 or 103 F.

The series of cases which I shall now report will not be described in detail unless some of them justify it by their errotic symptoms and course. Each case will be referred to in order of number with treatment appended as used in that case. Sulphate of magnesia was used as a routine measure to evacuate the intestinal tract before other treatment was used.

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Case I. W. N. aet 30 years, male, married. He was, until taken sick, a robust, healthy man. Sick twelve days. Treatment, Opii. Bismuth and Lead Acetate, died. I saw in consultation with D. R the day before he died.

Case II. J. H., aet 26 years, male, single; sick two or three months, the latter part of the attack becoming sub-acute. Treatment during first two or three weeks consisted of opium to confine the bowels, strych. to support the heart, but as the case did not get well under these measures, Sulpho-Carbolate of Zinc in five gr. doses every four hours was added to the treatment. Recovery to normal health was the final result.

Case III. H. M. F., aet 41 years, male, married; had an ordinary attack of rather mild type, which was treated with opium and bismuth-sub. ni. with recovery in ten days. This was fourth or fifth attack, he being subject to an attack about once a year.

Cace IV. E. O., aet 20 years, male, single; had an ordinary attack from which he recovered in about twelve days under opium bismuth and lead treatment

Case V. R. O., aet. 25 years, female, married; was taken violently and was very sick for three weeks Treatment consisted of opium, bismuth and lead to confine bowels, which it did not do. Sulpho-Carbolate Zinc in 5 gr. doses every 4 hours was added to treatment without effect. Strychnine in colossal doses was administered at one time to support the heart's action, which had almost ceased to beat, and it was continued in 30 gr. doses throughout third and fourth weeks. A rectal examination at end of fourth week revealed a large ragged ulcer on posterior wall of the rectum, just within the sphincters, which was cleansed and cauterized with 10 per cent. sol. silver nitrate. This was repeated every third day until patient was convalescent, which was in two weeks.

Case VI. A. B., aet 58 years, male, married; treatment, opium to confine bowels, silver nitrate in 1-4 gr. pill t. i. d. This latter drug was given because there was present a catarrh of the stomach. Strych. was used, patient grew worse, so his lower bowel was irrigated once daily with nitrate of silver sol. 30 grs. to the pint. The patient gradually grew worse, and died at the end of two weeks.

Case VII. S. H., aet. 38 years, male, married. This patient was taken violently ill from the first. Blood appeared in the stools from the beginning and the purging was alarming. The patient remained on stool almost constantly until he was nearly exhausted. Treatment consisted of morphine hypodermically, guaiacol carb. in 5 gr. dose by the mouth, strych. hypodermically. The lower bowel was irrigated with nitrate silver sol. once daily, commencing 10 grs. to

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the pint and increasing in strength until a drachm to the pint was used, and from one to three pints of this solution was used at a time. Patient recovered sufficiently to be up and about, but his bowels never entirely checked, and on account of this, I made a rectal examination with speculum which revealed three small rectal ulcers just within sphincters. These were painted twice a week with 5 per cent. nitrate silver sol—recovery in two weeks.

Case VIII. M. H., aet. 33 years, female, married; sick eight days; recovery under opii by the mouth and nitrate of silver irrigations

Case IX. M. K., aet. 16 years, female, single; recovery in 14 days under salol, bismuth and actetate of lead.

Case X. G. M., aet. 34 years, male, married; sick four weeks with final recovery under opium and strych. by the mouth; nitrate of silver irrigations, drachm to the pint, of the lower bowel.

Case XI. G. P., aet. 37 years, female, married; sick two weeks. Morphia hypodermically, guaiacol carb. in 5 gr. doses every 4 hours by the mouth, and nitrate silver pill 1-4 gr. t. i. d. was the treatment used—recovery. I have learned recently that this patient succumbed about a year later in another attack.

Case XII. L. S., aet. 52 years, female, married; sick for five weeks; treatment, opium and guaiacol carb. by the mouth; nitrate of silver irrigations, 30 grs. to the pint, of the lower bowel. This patient was very slow in making a recovery, and in my opinion due to the fact that some years since she sustained a complete laceration of the perineum, and having no control of the anal sphincters, she was unable to retain the enemas, yet, with a pad or towel pressed firmly against anal region and her hips, which were highly elevated, she would retain them for two or three minutes. She improved day by day a little until there was not more than two or three stools in the twenty-four hours.

Case XIII. A. J., aet. 58 years, male, married, sick 32 days. Treatment was opii. bismuth, guaiacol garb. and nitrate of silver pills in 1-4 gr. dose, and strych. to support heart's action. Bowel would not tolerate nitrate of silver enemas. Recovery.

Case XIV. J. S., aet. 9 years, male. Sick eight days. Treatment, Dover's powder by the mouth, nitrate of silver enemas, 10 grs. to the pint at first, and increased in strength until 20 grs. to the pint was used. Recovery.

Case XV. W. B., aet. 30 years, female, single. Recovery in ten days under opii and guaiacol carb. by the mouth, and nitrate of silver enemas, 30 grs. to the pint.

Case XVI. J. M., aet. 8 years, male. I saw this patient in consultation with Dr. P., October 1, 1899. He had been sick twelve days. The

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treatment had been opii.. and ipecac by the mouth. I suggested enemas of nitrate of silver in weak sol. 5 grs. to pint to commence with, to be increased in strength until 20 or 30 grs. to the pint had been reached and to be used once in the 24 hours. Patient died ten days later.

Case XVII. R. E., aet. 42 years, married, female. Treatment, opii and guaiacol carb. by the mouth; nitrate of silver enemas, commencing with ten grs. and gradually increased to 3 drachm to the pint. Patient died at end of second week. She was in bad condition from beginning, having been in feeble health for years.

Case XVIII. L. W.,aet. 32 years, female, married. Treatment, guaiacol carb. and acetate of lead by the mouth; nitrate of silver enemas tried but bowel would not tolerate them, so acetate of lead, drachm to the pint, was used with good effect. Recovery in ten days.

Case XIX. L. E. ,aet. 39 years, male, married. Treatment, opii. and guaiacol carb. by the mouth; enemas of silver nitrate up to drachm to pint. Patient got up on his feet but did not get well until I painted two or three small rectal ulcers with 6 per cent. sol. nitrate of silver thrice weekly for a couple of weeks.

Case XX. J. S. H., aet. 35 years, female, married. Sick four days Treatment, opii and strych. in very large doses. Quinine was added to the treatment after first day, as she began to have chills. She was markedly anaemic and cachetic, having just come from the Forked Deer river bottom. Her bowels acted almost continuously during fourth and last day, at the end of which death of the patient resulted.

Case XXI. N. L. aet. 59 years, male, married. Sick a week. Treatment, opium by the mouth and strych. hypodermically; nitrate of silver irrigation, 30 grs. to the pint, once daily. Recovery.

The next four cases occurred in the same family.

Cases XXII. and XXIII. G. P. and W. P., were 16 and 14 years of age respectively, and females. They were sick eight days each; recovery. Treatment, opii. and guaiacol carb. by the mouth; nitrate of silver irrigations, commencing with 5 grs. to the pint and gradually increasing to 20 grs. to the pint.

Case XXIV. J. D. P., aet. 5 years, male. Sick three weeks. Treatment same as in two preceding cases. Death. This little patient was taken violently ill in the afternoon, and he had during the night fully 50 evacuations.

Case XXV. B. P., aet. 9 months, male. Sick two weeks. Treatment, bismuth and salol by the mouth; nitrate of silver irrigations, 5 grs. at first to the pint and increased to 15 grs. to pint. Patient gradually grew worse and died.

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Case XXVI. E. B., aet. 35 years, female, married; sick two weeks. Treatment, opii. and guaiacol carb. by the mouth; nitrate of silver irrigations, increased in strength until drachm to pint was used. Recovery, sufficient to be up, but not complete. A rectal examination revealed an ulcer which was cleansed and painted twice a week with 5 per cent. aqueous sol. of nitrate of silver—complete recovery after half a dozen such applications. This patient had an attack during the summer of 1900, one year previous to this one.

Case XXVII. J. M., aet. 32 years, female, married. Sick one week. Treatment, opii. and guaiacol carb. by the mouth, nitrate of silver irrigations, commencing with 20 grs. to the pint once daily, and gradually increasing to drachm to pint. Recovery.

Number of cases treated, twenty-seven; number of deaths, seven; giving a mortality of nearly 26 per cent.; but when we exclude two of the deaths, one an infant and the other in a state of marked cachexia from malarial infection, the mortality of such cases being high, we may very safely say that the mortality was about 20 per cent. The average number of days for all cases, thirteen and one-third; but when we select the cases in which irrigations of silver nitrate was used without complications, this number may safely be reduced to ten and one-half or eleven. The conclusions I have reached in the management of these cases are, that the mortality of this type of dysentery may be reduced some 10 per cent., and its course cut short from one to two weeks by the prompt use of some irrigating measure, nitrate of silver in solution being one of the best.

INFLUENZA.*

By A. W. Sims, M.D.,

BIRMINGHAM, ALA.

Influenza may be described as an acute infectious disease occurring endemically, epidemically and pandemically, characterized by an elevation of temperature, great prostration, catarrhal inflamation of any or all of the mucous tracts, and special phenomena dependent upon the clinical variety. In this disease we have a local infection, giving rise to constitutional symptoms through the agency of toxins.

The history of this disease can be traced with certainty to the year 1510, although it appears to have prevailed as early as 1173 in Italy, Germany and England; and since this time has made its epidemic or pandemic appearance on nearly 100 different occasions. It is remarkable for the rapidity with which it spreads, the infection seeming

*Read before Jefferson County Medical Society, February 10, 1902.

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to travel as fast against the wind currents as with them. Since the epidemic of 1889-90, the United States has never been free of the disease, there being epidemics in many cities each year.

ETIOLOGY. This may be conveniently divided into the predisposing and exciting causes.

I will only make mention of the predisposing causes, as they differ in no way from the factors entering into the causation of other acute infections. Usder this heading can be placed bad hygienic surroundings, debilitating diseases which lower bodily and individual tissue resistance, sudden changes in the weather, catarrhal states of the mucous tracts, etc.

The exciting cause is a slender, short bacillus with rounded extremities, that stain deeply with anilin dyes, carbol-fuchsin for instance. This bacillus was isolated in 1892 by Pfeiffer, who found it in the pus cells of sputa from infected subjects, and can be demonstrated in cover glass preparations stained as above stated. The bacillus of Pfeiffer is peculiar in that it develops artificially only on culture media, which contains blood or blood coloring matter. It is best grown on agar-agar slants in petri dishes, over which a small quantity of sterile blood has been smeared (not serum). When grown in this way the colonies appear as minute dew drops which do not coalesce. The optimum temperature for growth is 37° C. In making culture for diagnostic purposes it is well to use a control plate of agar on which no blood has been smeared for the reason that growth of these peculiar colonies on the former and not on the latter is evidence that one is dealing with the bacillus of Pfeiffer. Outside the body the bacillus is easily destroyed by rapidly drying for two or three hours, and under ordinary conditions in eight to ten hours. In water the organism dies in about 30 hours. Considering the above facts, we must suppose that the disease in the majority of instances is disseminated by direct infection from the catarrhal secretions of the patient rather than by air or water. Another peculiarity is that the bacillus influenzae is rarely obtained by culture from the blood of patients suffering with the disease, and seems to have no special capacity to invade the blood stream. From this we must infer that many of the remote complications accompanying an attack are not due to this special bacillus, but to others notably the pneumococcus and pyogenic organism which have gained entrance to the circulation, or anatomical structures, and set up their process by reason of the lessened tissue resistence caused primarily by local process or absorption of toxins generated by the bacillus influenzae.

MORBID ANATOMY. Anatomic alterations distinctive of this disease are not known. The lesions found along the mucous tracts are

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those of any acute inflammation with the exception that the bacillus of Pfeiffer can be demonstrated usually in connection with the pyogenic organism. The spleen is slightly enlarged, soft and diffluent and the internal organs to some extent hyperaemic. The morbid anatomy is essentially that of its complications.

Before proceeding to a consideration of the symptomatology of this disease it might be well to pause for a few moments and take up the clinical forms in which it is manifested.

Authors vary on this point, some basing a classification on its complications, but I shall only endeavor to consider separately those which are characterized by symptoms referable to certain organs, and make a classification based on the anatomical seat of the disease. While there can be no sharp line of demarcation drawn between the different clinical varieties, yet the symptoms when studied carefully in certain cases point unmistakably to involvment of the pulmonary apparatus in one case, the alimentary canal in another, while the nervous or muscular system suffers most in others; hence I have divided this affection into the following clinical varieties, and we will try and consider each one separately.

1. The thoracic or pulmonary form.
2. The abdominal or gastro-enteric form.
3. The cerebro-spinal or nervous form.
4. The muscular rheumatic form.

SYMPTOMATOLOGY. In considering this aspect of the disease, I will first mention the symptoms which are as a rule common to all varieties. There is no typical mode of onset, the disease sometimes being ushered in with a chill or chilly sensation followed almost immediately by a rise in temperature which may be slight or alarming in extent, while at other times there is only a slight feeling of indisposition with coryza, lacrymation, slight headache, etc. The temperature does not conform to any particular type, but is usually irregular, the chart showing considerable variations in the curve. In the majority of cases the pulse rate is increased in proportion to the temperature, but may be beyond what would be expected, or exceptionally slow. Prostration is pronounced, and accompanied by headache and muscular soreness. Felix Franke has recently called attention to a group of phenomena which he considers pathognomanic. These are a red striated band on the anterior faucial arches which does not include the uvula, and associated with this a swelling of the papillae of the anterior part of the tongue. In the thoracic or pulmonary form, in addition to the symptoms already mentioned, there is evidence of a catarrhal inflammation of the respiratory tract which may be more or less localized, or involve the whole tract from the nose to the pul-

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monary alveoli, giving rise to symptoms according to the location and extent of the disease. Foremost among these is cough, the character of which varies in individual cases. I do not consider it here necessary to go into detail, and enumerate the different symptoms as they are familiar to all present, and vary in no particular from those caused by acute inflammations of other origin.

In the abdominal or gastro-enteric variety the infection seems to have spent most of its force on the stomach and intestines, as manifested by an onset with nausea and vomiting, and in some cases a severe diarrhoea, which seems almost uncontrollable with ordinary remedies. In this case we have a veritable gastro-enteritis to deal with caused by the bacillus influenzae, these having been demonstrated in culture from the follicles of Lieberkuhn. In addition to the symptoms referable to the stomach and intestines, we have disturbances of other viscera, as the kidneys, liver, etc., due primarily to the congestion of the alimentary tract and manifested secondarily in these organs.

Cerebro-spinal or nervous variety. In this type of the disease the bacillus, or rather the toxins generated by it, make a profound impression on the nervous system, giving rise to symptoms varying from simple headache to delirium and paralysis.

In the muscular variety the patient complains principally of severe pains in the muscles, especially the deep muscles of the back and those of the extremities and describe it in saying that they feel as though they had been beaten with a stick.

DIAGNOSIS. There seems to be a disposition on the part of physicians to diagnose every case beginning with the initial symptoms of grip, coryza, elevation of temperature, cough, etc., as a true case of influenza when really the patient is suffering with an acute cold. There also seems to be a disposition on the part of the laity to want to have grip, and when once they have been told by a neighbor who has just recovered from a so-called attack or have convinced themselves that they have "The Grip" it is absolutely necessary in order to keep "peace in the family" to diagnose it as such. The diagnosis of an ordinary case of influenza is usually easy, especially during the course of a known epdiemic. The prostration and temperature out of proportion to the local manifestations, sudden onset, vague pains, etc., serve as sufficient data; however, a positive diagsosis can only be arrived at by microscopic examination of the catarrhal secretions and demonstration of the bacillus influenzae. The urine shows nothing distinctive in this disease, but should always be examined for reasons mentioned later. Examination of the blood should be made when any doubt exists as to the nature and character of complications. During

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the active stage of the disease the red cells show no alteration. Uncomplicated cases of influenza show an absence of leucocytosis as in sixty-seven cases reported by Cabat the count was either normal or reduced; therefore an increase in the white cells points unmistakably to complication, foremost among which is lobar pneumonia. Grippal catarrhal pneumonia does not cause any increase. On account of the well known tendency of grip to light up afresh latent disease of any of the organs, especially the heart, lungs and kidneys, a systematic investigation of the condition of these organs should be made, as it is possible by proper treatment directed towards strengthening the weakened organs to keep them in the best possible condition to withstand the inroads of the influenzal toxaemia. The heart and lungs should be carefully examined for any evidence of already existing pathologic change, and the urine for any trace of disease along the genito-urinary tract, and especailly nephritis. In this disease it is essential that your diagnosis should include the condition of the patient as well as a name for the disease.

Again referring to the clinical varieties we will allude to the diseases from which it must be differentiated. In the pulmonary form with sudden onset after exposure, chill, rapid rise of temperature, great prostration and evidence of pulmonary irritation, it is impossible to distinguish between grip and lobar pneumonia in the first twenty-four hours, but given a ltitle time, with an opportunity to hedge the presence or absence of physical signs of consolidation, will settle the matter, except in cases of central pneumonia, and here the blood count for leucocytosis as before referred to is of service. Lobular pneumonia is to be differentiated by the clinical history and physical signs of that disease. In its milder forms it must be differentiated from acute bronchitis, acute cold, etc.

The gastro intestinal form must be differentiated from the same condition due to usual cases, and here the prostration, elevation of temperature above what should be expected, pains and headache if present would point to a diagnosis of influenza. When the onset of grip is more insidious from typhoid fever by the absence of the typhoid temperature curve, rose spots, diarrhoea, etc., as compared with the prostration, irregular temperature, pains, etc., of influenza. The muscular or rheumatic variety from rheumatism.

The cerebro-spinal or nervous variety is to be especially differentiated from cerebro-spinal meningitis. Aside from the special symptoms which are peculiar to the latter disease, I will only call attention to examination of the cerebro-spinal fluid obtained by lumbar puncture for the meningo coccus, and the existence of marked leucocytosis.

COMPLICATIONS.—Under this heading it will be impossible to

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consider all the complications of grip in detail, as they are so numerous that even smple mention would consume too much of your time, and I will endeavor to allude only to the most important.

Foremost among these are broncho and lobar pneumonia, the former being caused by an extension of the inflammatory process to the smaller bronchi and air cells, while the latter seems to be dependent upon secondary infection by pneumococci, the already lowered tissue resistance acting as a predisposing factor. Likewise we may have any variety of pleural affection, varying from a simple plastic pleurisy to a pyo-pneumo thorax. The heart suffers necessarily from the toxaemia present, and may be the site of serious complication. Among those in the vascular system may be mentioned phlegmasia alba dolens, and other thromboses. Ford reports 18 cases of acute arteritis following influenza. This occurs especially in those past middle life, and existing degeneration of some of the coats of the vessel seems to have some influence on its devlopment. The vessels most commonly affected are those of the lower extremities. The complication is not made manifest until convalescence has been established or after apparent recovery. In the nervous system we may have complications affecting the central nervous system or peripheral nerves. Of most importance among the former class is cerebro-spinal meningitis caused either by secondary infection or by an extension of the grippal inflammation through some of the sinuses. Localized cerebral abscess may occur from the same causes. From the toxaemia we have a toxic polyneuritis affecting the peripheral nerves, which affection varies in no particular from the neuritides caused by other toxaemias, as in diphtheria. Among the affections of the organs of special sense which occur as complications, otitis media stands at the head of the list. This is caused by a direct extension of the inflammatory process through the Eustachian Tube to the middle ear, and may be limited to a catarrhal process or give rise to suppuration. From the middle ear by extension the mastoid cells are frequently involved. All or any of the accessory sinuses communicating with the nose or pharynx may become the seat of a simple or purulent inflammation.

By extension through the nasal duct and lachrymal canal we may get a purulent inflammation of the eye requiring special attention. The loss of blood in some form, varying from a tinging of secretions to profuse hemorrhage, many cases of which have been reported, not only adds to the debility, but may even be the direct cause of death.

PROGNOSIS.—The prognosis of uncomplicated cases in young adults, is good, both as to recovery and after effects, especially if confined to the bed; but in the aged or debilitated death not unusually occurs from prostration and the gradually increasing weakness. In

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complicated cases the prognosis depends on the character and extent of the secondary process, always bearing in mind the debilitating influence of grip in connection with the seriousness of the complication.

TREATMENT.—It is hardly probable that any method of prophylaxis can be of much avail, as the disease seems to be disseminated regardless of any measures which may be instituted to prevent spread, however, it would be desirable in all cases to have patients deposit catarrhal secretions in a vessel containing an antiseptic solution. The treatment of the disease is wholly symptomatic, dependent upon the clinical variety. The coal tar products unfortunately seem to be the most active in controlling the fever, pains, etc. I say unfortunately, as in many cases, while affording relief, they add greatly to the debility of the patient by their depressant influence; and, if used, should be discontinued at the earliest practical moment, and a tonic, stimulating treatment instituted in their stead. The salicylates have also been highly praised, but are subject to the same objections with additional contraindications to be mentioned later. Quinine is often given in combination in small doses, and does good; but has its objections in certain cases. In the pulmonic variety attention must be given to the cough, which is usually annoying, and treatment instituted according to conditions present, every case being a rule unto itself. If the inflammation involves the upper air passages it is well to use some bland antiseptic spray for the double purpose of allaying irritation, and rendering the secretions as nearly antiseptic as possible. The nose and throat should be sprayed with a view of preventing spread to the middle ear and sinuses.

When inflammation is marked in the upper air passages, especially the nose and pharynx, quinine or the salicylates should not be used on account of their tendency to cause congestion of the aural apparatus, thus favoring the development and spread of the process. I was convinced of this in my own case, in which I developed an otitis media which I think could have been avoided if it had not been for the quinine and its congestive influence.

In the gastro-enteric variety we have to deal not only with the disease and its consequent debility, but have another factor which greatly increases the weakness, in the inability of the patient to take and assimilate the proper amount of nourishment. This fact must not be ignored, as its influence will certainly be evidenced by a prolonged convalescence and a general weakness which may take some time to overcome.

The general treatment of this variety is that of any acute gastro-enteritis. The treatment of the nervous variety is entirely symptom-

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atic. In the muscular variety the pains may be so severe as to require the administration of morphine for their control. Heat applied locally, and especially by means of a hot salt bag seems to have a beneficial effect. It is in this form that a combination with the salicylates proves effective.

Speaking in a general way, the treatment of influenza should at all times be supportive as well as curative.

The American Association of Urologists was organized on Feb. 22, 1902, essentially for the purpose of further development of the study of the urinary organs and their diseases. Although most of the founders of the association are specialists in genito-urinary diseases, membership is not limited to those engaged exclusively in this specialty. Thus gynecologists who embrace renal and vesical surgery in their work are among the founders, as there are several gentlemen who devote themselves to the microscopy and chemistry of the urine, as well as a number of practitioners interested in the study of the kidney from a medical standpoint. The association consists of active, corresponding and honorary members, and is in great measure modelled upon the plan of the Societe Francaise d'Urologie, modified to suit American circumstances and conditions. Thus, whenever possible, the branch associations, throughout the United States, British Possessions and Spanish America will hold their meetings on the same evenings as does the parent association in New York (the first Wednesday in each month). The work of the association is principally clinical, for the demonstration of new methods of the technique of examination and treatment. The annual meeting of the American Association of Urologists will be held on the last day and the day following the annual meeting of the American Medical Association. The officers of the association are: Ramon Guiteras, M. D., President; Wm. K. Otis, M. D., Vice President; John Van der Poel, M. D., Treasurer; Ferd C. Valentine, M. D., Secretary; A. D. Mabie, M. D., Assistant Secretary.

LA GRIPPE.

Benzoate Soda	1-2 oz
Glycerine	1 oz
Tongaline	4 ozs
Aqua Mentha Pip	2 ozs

M. Sig.—Tablespoonful every two to four hours.

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Selected Articles.

A CONTRIBUTION TO THE THERAPEUTICS OF PEPTO-MANGAN, "GUDE."

By Dr. Ludwig Pohl,

City Physician of Vienna, Austria.

It is about five years ago that I first had occasion to test Gude's Pepto-Mangan. The curative results obtained from its use were so surprisingly good that I decided to thoroughly experiment with this preparation on my abundant clinical material, the outcome of which is reported in this article.

The number of remedies introduced into the market every year are so numerous that for this reason alone it would be impossible to employ all of them, even if only experimentally, or to make a careful choice. Pepto-Mangan appealed to me strongly in the first instance for reasons that I shall explain. Although inclined to think well of this preparation from the first, I would remark that my observations were instituted without bias, and that my investigations were carried out in a strictly scientific manner.

I was led to make a thorough study of this preparation by the subjective statements of the patients that it never caused the least disturbances, the objective evidence of improvement, and, besides these, by the following considerations.

According to the views of many authors, iron preparations, to be efficient, must exert not only a local, but distant, that is, general effect. In chlorosis and in many severe cases of anaemia chalybeates are said to remove the hydrogen sulphide, formed frequently in large amount in the alimentary tract, by the combination of the iron with the sulphur. This removal is necessary, because hydrogen sulphide, if present in too large quantity, renders impossible the absorbtion of the iron in the food by precipitating it in the form of sulphide of iron. It is known, however, that not only iron but also manganese is adapted in a high degree for taking up hydrogen sulphide. Manganese therefore acts as an auxiliary to iron in this respect.

Another circumstance was decisive for me. A large number, almost all, of the officinal ferruginous preparations are absorbed only to a slight extent when administered internally. This can be maintained on the ground of the fact that in animals and human beings positive evidence of the entrance of these preparations into the blood cannot be obtained if the persons experimented with have not intestinal catarrh or have not received excessive doses of iron. The more the preparation

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approximates to the form in which iron is contained in the food, the more likely it is to be absorbed. The peptonizing of an iron preparation is therefore of decided advantage, as its absorbability and assimilability is thereby enhanced to a considerable degree. Aside from this, the peptone combination is adapted for exerting the systemic effect. This general action of iron preparations only takes place if after absorption they undergo conversion into hemoglobin. Hence this conversion is only possible in the case of preparations which contain iron in form of an organic combination. They will then act even when containing a much smaller percentage of absolute iron.

It was therefore the chemical constitution of the preparation which appealed to me, and which induced me to undertake extensive experiments.

The cases in which I employed Gude's Pepto-Mangan comprised chiefly the poorer class of people. I mention this particularly, because with these patients it is difficult or well nigh impossible to pay attention to the hygienic conditions or to consider the dietetic side of the treatment. Notwithstanding this the results were favorable. Of course, they were most satisfactory in the case of those patients who were also able to carry out the hygienic and dietetic regulations.

Numerous cases of chlorosis, anaemia, neurasthenia, and hysteria, as well as two cases of malarial cachexia, were submitted to careful and thorough observation.

In many cases determinations of the bodily weight, measurements of the blood pressure, estimates of the hemiglobin percentage and blood counts were made.

As regards the bodily weight, I observed in sluggish, obese, chlorotic patients a reduction in flesh as well as improvement of the general state. The high absorbing power of the preparation and its ready conversion into hemoglobin increases the oxygen capacity of the blood; pari passu with this there is an improvement of the metabolism, the oxidation, which takes place at the expense of the non-nitrogenous elements of the body, that is, the adipose tissue. In the case of lean persons I combine with this treatment rest in bed for several weeks, to which may be ascribed the increase of bodily weight observed.

There was a constant change in the conditions of blood pressure. In almost all the chlorotic patients the blood pressure, estimated by Basch's sphygmomanometer, became considerably higher. In many of my cases I noted improvements in the blood pressure of 40 to 60 millimetres in the course of four weeks. Besides this, the fluctuations of blood pressure, so frequently observed during changes of position, disappeared; the pulse frequently diminished considerably; and the subjective disturbances connected with the circulatory apparatus,

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especially the troublesome palpitation of the heart, subsided. I would remark that this amelioration occurred under the use of no other remedy in so short a time as under that of Gude's Pepto-Mangan.

In judging the value of an iron preparation, conclusive evidence is afforded by estimates of hemoglobin and blood counts To determine the hemoglobin I employed Fleisch's hemoglobinometer, and as a solvent a 0.6 per cent. sodium chloride solution; for bloodcounts I made use of the apparatus of Thoma-Zeiss and a 2.5 per cent. solution of potassium bichromate for the red blood corpuscles; the white were not counted.

To demonstrate the changes in the hemoglobin and in the number of red corpuscles, I report here the history of a girl, 16 years old, affected with marked chlorosis. The disease was of almost two months' duration and attended with general functional disturbances. There were present mental anxiety, a disinclination to work, to enjoy life, or move about, marked muscular weakness, cardiac palpitation, difficulty in breathing, loss of appetite, headache, vertigo, restless sleep alternating with sleeplessness. The patient came from healthy parents, had always been previously healthy ,and menstruated for the first time in her fifteenth year, but scantily and irregularly. Marked pallor of the skin and mucous membranes was noted; the lungs were normal. The area of cardiac dulness was enlarged toward the right side; blowing murmurs were heard all over the valves, and a bruit over the jugular vein. The radial artery was very small and soft; the pulse frequently 110. The spleen and liver were normal in size; there were no glandular swellings; the bones were not tender to pressure. The urine contained no abnormal constituents.

The percentage of hemoglobin in the blood was 35 per cent.; the number of red blood cells 2,700,000 to the cubic millimetre. The white cells were not increased; otherwise the condition of the blood was normal.

The treatment was as follows: The patient was advised to live on a mixed diet, with an abundance of fresh air and moderate outdoor exercise. She also took three teaspoonfuls of Gude's Pepto-Mangan daily.

The increase of hemoglobin and of the number of red corpuscles is shown in the following:

	Hemoglobin.	Red Corpuscles.	
At the end of 1st week....	45 per cent.	3,260,000	
At the end of 2d week....	60 per cent.	4,100,000	To the Cubic
At the end of 3d week....	70 per cent.	4,500,000	Millimetre.
At the end of 4th week....	75 per cent.	4,900 000	

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Before proceeding with the history of this case I would emphasize the fact that the number of red blood cells increased more than one and one-half million, while the increase of hemoglobin amounted to more than 100 per cent. Such marked improvement in the condition of the blood under the treatment with Gude's Pepto-Mangan was not unusual, but rather the rule in chlorosis. And it may be assumed with certainty that the above described effect is attributable to the high absorbability of this preparation as compared with the numerous other chalybeates, and further, to the combined action of iron and manganese upon the blood-forming organs. I would add that numerous investigators, such as Hannan, Kugler, and many other authors, have called attention to the important part played by manganese both in the blood and as a hematogenic remedy.

In the case under consideration there was a perceptible improvement in the patient's subjective and objective state. The existing disturbances subsided gradually; the cardiac palpitation, loss of appetite, and sleeplessness disappeared, and after four weeks' treatment she was discharged cured.

It is not the purpose of this report to detail numerous histories of cases, and I shall content myself with briefly mentioning that I have treated more than 100 cases of chlorosis with Gude's Pepto-Mangan with as good results as those above described, except that in some instances the results did not appear as promptly. The fact cannot be sufficiently emphasized that during the entire course of treatment the remedy did not have to be discontinued on a single occasion, although this must be often done with other ferruginous preparations. I never heard a complaint that the preparation was not well tolerated; on the contrary the patients said they did not experience the slightest disturbance even during its prolonged use, and that it acted mildly, was well borne, caused no disturbance of digestion, but rather promoted the latter, and was free from any disagreeable taste.

I have previously mentioned that it may be positively assumed that Pepto-Mangan "Gude" stimulates the hematopoietic organs to increased activity. Numerous blood findings discovered casually by me, the appearance of the so-called immature forms of blood corpuscles, constrain me to take this view. Of much greater importance is the circumstance, however, that in numerous diseases of the blood occurring in connection with the lymphatic and blood making organs I have derived excellent results from the use of Gude's Pepto-Mangan.

Decided amelioration in the Leuchaemic state, arrest of the process in severe cases for a long time, reduction of the glandular swellings, improvement in the relation between red and white corpuscles, were noted by me in several cases under my care.

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In my opinion, the value of ferruginous preparations in neurasthenia and hysteria has received too little consideration. The success of a rational therapy depends upon an effective application of all methods of treatment and remedies which enable us to combat the entire group of symptoms. An easily absorbable ferruginous preparation is of incontestable benefit, and I believe that Gude's Pepto-Mangan occupies a prominent place in this connection. It is not my intention her to institute comparisons with various iron preparations, but I would emphasize, for reasons already mentioned, and which are especially based upon the composition of Gude's Pepto-Mangan, that I prefer the latter preparation, and have employed it successfully in all conditions where it is necessary to improve the quality of the blood.

In conclusion, I would mention that I have obtained excellent results from Gude's Pepto-Mangan in two cases of severe malarial cachexia. In the one case the treatment occupied three weeks, in the other five weeks. Both cases were cured. It is of interest that in the first case in which a malarial attack had not occurred for some time, a typical paroxysm with rigor, fever and sweats developed. After one week's treatment the attack faild to recur, and for this reason I was unable to search for plasmodia. I am not disposed to overestimate this occurrence, nor to make it the subject of theoretical reflections. I am decidedly of the opinion, however, that this attack is attributable to an influence of Pepto-Mangan "Gude" upon the spleen.

In all particulars Gude's Pepto-Mangan is an excellent preparation, which bids fair to occupy a permanent place in the materia medica. I would be pleased if through this article I had directed attention to this valuable remedy, and incited others to undertake experiments and report their observations.

MYOCARDITIS, CHRONIC.

In chronic myocarditis the most common physical sign is the sallow, pallid countenance. A general endarteritis may be present for a long time and yet no change occur in the complexion. Interstitial nephritis may progress slowly, and yet cause no change in the complexion. The onset of this sallow hue is generally synchronous with the degenerative cardiac lesion, and usually cardiac symptoms or physical signs are found coincidently, the endarteritis involving the coronary arteries.

With the sallow countenance, the earthy complexion, a prematurely old appearance of the individual manifests itself, in the color of the hair, the baggy eyelids, and the abundance of wrinkles.

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With the external appearance common to most cases the results of physical examination usually tally. In the first place, there is evidence of endarteritis in the vessels.

The physical signs of the heart are those of the (a) myocarditis alone, or those of (b) myocarditis plus some hypertrophy, or those of (c) myocarditis plus dilatation. The physical signs of myocarditis are those of feeble or absent impulse; or, if palpable, of apex impulse displaced to the left; or marked increase in the area of absolute cardiac dullness, and of characteristic auscultatory phenomena.

The latter phenomena are those either of a systolic shock, greater than the force of the impulse would lead one to believe to be present, or of feeble muscular sound. From the first, or at least early, there is gallop-rhythm, or reduplication of the systolic sounds. This reduplication may be heard over the right heart or more distinctly over the left heart; sometimes it is heard all over the precordia. It may be more marked in the supine position, and is generally more marked after exertion. It may disappear after a stimulant is taken or if the heart is stimulated by fever.

Reduplication of the second sound also obtains, but is less frequent in the myocarditis of coronary artery disease than in that due to valvulitis or nephritis. In uncomplicated cases murmurs are not heard until late in the disease. Sometimes, however, a systolic murmur is heard at the fourth rib, greater in the recumbent posture. This murmur is soft, low in pitch, and often heard in the parasternal line. Again, it is at the tricuspid or even may be in the pulmonary area, when it is probably, although not necessarily, haemic.

When dilatation supervenes, the physical signs change in keeping with the physical condition of the heart.—J. H. Musser (Medical News, Jan. 11, 1902).

LARYNGITIS, ACUTE.

In acute laryngitis, without oedema, inhalations of steam containing camphor-menthol will often in the early stages aid considerably in aborting an attack, while, after the disease has existed for a day or so, the addition of benzoin will aid in allaying the cough and irritation. When oedema is present, hot inhalations are of little value, and frequently increase the extent of the swelling, while an iced spray of 1-2 to 1 per cent. camphor-menthol, alternating every half-hour, or even fifteen minutes in cases where the dyspnoea is severe, with a spray of the suprarenal gland, will produce a rapid change in the appearance of the laryngeal swelling and frequently relieve the dangerous symptoms.—L. S. Somers (Merck's Archives, December, 1901).

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Editorial.

JNO. C. LeGRANDE, M. D.,.....Editor and Prop.

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The Medical Association.

The Medical Association of the State of Alabama will meet in this city next month. Every member of the Association, and every doctor in Alabama who can possibly do so, should attend this meeting and assist in making it one of the best sessions in the history of the Association.

Dr. Wilson, president of the Jefferson County Medical Society, has already appointed a committee of arrangements, consisting of Drs. Wyatt Heflin, George S. Stubbs and W. M. Jordan. The committee is now actively at work to have everything ready for the convenience and comfort of those who may come to Birmingham on this occasion.

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Beside the regular program, that is, the reading and discussing of papers, and other business which may necessarily come up for consideration, there will be some little time given to the social features. A number of entertainments and receptions are being arranged, which, no doubt, will be enjoyed by all the doctors who attend.

The Journal insists on every doctor in Alabama coming to see us at this time. Come and forget for a time at least the worry and anxiety incident to the regular routine work of the doctor; in fact, lay aside business affairs, and give the few days set apart for the meeting to the doctors of Alabama. Enter into it heartily and enjoy it fully and completely. Come to take a cheerful, active, personal interest in everything that is done, and in everybody you may meet. Come to shake hands with your brother doctors and tell them of the good times and good things you have enjoyed during the past year. If you have a good joke to tell, and have the special requisites necessary to tell a good joke, and to make it take, don't fail to tell it. If, however, you make no pretensions on this line, then make up your mind to be a cheerful, interested and appreciative listener to the other fellow.

The Journal takes special pleasure in extending to the doctors of Alabama a most cordial welcome, with assurance that there never was a time in the history of the great city of Birmingham when the doctors were more anxious, more willing, and were looking forward with greater pleasure to entertain their brother practitioners. Come expecting to have a right royal good time.

Gonorrhea as a Blood Infection.

We have always been taught that gonorrhoea was a local trouble which rarely extended beyond the urethral mucous membrane. We knew that occasionally the infection reached the bladder and caused a rather distressing cystitis, and that in rare cases it might extend up through the urethra and invade the kidney. It was not believed that the gonococcus ever made invasion beyond the genito-urinary mucous membrane.

Investigation during the past ten years has proven the above ideas false. The microscope has shown the gonococcus in the blood, the joints, tendon sheaths, the pericardium, the peritoneum and other parts of the body; so we can no longer say that gonorrhoea is strictly a local trouble.

Gonorrhoeal anthritis has been recognized for years without any thought of the gonococcus being present in the joints the idea being that the arthritis was caused in some indirect way, and that the treat-

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ment must consist largely of treating the source of irritation in the urethra. In 1892 Lindeman obtained pure cultures of gonococci from gonorrhoeal arthritis, the gonococcus infection was found in tendon sheaths in 1893 by Tollemer; is the perichondrium by Ghon in 1894; of the pleura by Mazza, of the blood and endocardium by Thayer and Blumer in 1895; of the cervical glands by Pettit and Pichevin in 1896; of the parotid gland by Colombini in 1897, and of the pericardial exudate by Thayer and Lazear in 1898.

We have reports of fatal infection of the endocardium by a number of observers.—Young of Johns Hopkins observed a case of cystitis of five years' standing with a double pyonephrosis in which he obtained urine from suprapubic puncture and found a pure culture of gonococci from this urine.

This infection invades the bone. Ullman had a case in which both elbow joints became involved in the third week of gonorrhoea; ose of the joints was opened and drained, and in a short time the lower end of the humerus had to be chiseled open and a quantity of pus was evacuated in which no germ was found except the gonococcus.

Ullman cites five cases of fatal septicaemia in which the cause was not discovered until post mortem showed a gonococcus infection of the prostate.

We know now that various disturbances of the nervous system may result from gonorrhoeal infection. Eulenburg has recognized the following conditions due to this cause: Neuralgia, especailly lumbar and ischiatic; muscle atrophy and paralysis; neuritis and myositis; diseases of the spinal cord resembling tabes, attacking principally the motor sphere.

Paulson observed a case of gonorrhoeal infection of the eyes in a new born babe in which an inflammation of the knee joint appeared in ten days after birth.

We have had many patients who suffered of chronic gonorrhoea ask if they should not take something for their blood, and we are accustomed to tell them that their blood is all right. We now know that their blood may be teeming with gonococci, and at the same time we are unable to prescribe any specific which will detroy the germ. Neither the laity nor the profession have ever regarded gonorrhoea in its true light. They have thought of it as rather a trivial affection which by the use of some "old formula" would soon get well. No greater mistake could be made, as a chronic gonorrhoea is decidedly one of the most difficult diseases to eradicate with which we have to deal. When it is generally understood that many a chronic case becomes a constitutional trouble of much gravity, the profession will deal with it more zealously and the public in general will recognize the

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importance of applying to a physician early for treatment, instead of "piddling" along with a formula of their friends or the druggist who has a "sure cure in three days."

FATE.

Two shall be born, the whole wide world apart,
And speak in different tongues, and have no thought
Each of the others being, and no heed;
And these o'er unknown seas to unknown lands shall cross,
Escaping wreck, defying death;
And all unconsciously shape every act,
And bend each wondering step to this one end:
That one day, out of darkness they shall meet,
And read life's meaning in each others eyes.

And two shall walk some narrow way of life,
So nearly side by side, that should one turn
Ever so little, left or right,
They needs must stand acknowledged, face to face.
And yet with wistful eyes that never meet;
With groping hands that never clasp, and lips
Calling in vain to ears that never hear,
They seek each other all their weary days,
And die unsatisfied. And this is Fate.

—Susan Marr Spaulding, in Texas Medical Journal.

RECTAL VALVES.

For the last two and a half years the movable rectum has been personally examined in some two hundred different individuals, and, with the exception of those subjects in whom the gut-walls had been rendered non-inflatable by disease, not an instance has been found in which the presence of the rectal valves admitted of a question. These structures have not only been present, but always the most conspicuous and easily discernible features in the entire rectum.

The rectal valves are not composed of mucosa alone, but comprise in their structure submucosa and muscular fibers as well, and therefore must impose direct resistance and support to the rectal contents; hence must be regarded as something other and more than mere folds of mucous membrane. From the modification in structure and arrangement which all the coats present upon reaching these valves, one is forced to the conclusion that they are definite anatomical structures, and should be entitled to recognition as such, just as much so as the appendix vermiformis.—A. B. Cooke (American Practitioner and News, Dec. 15, 1901).

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Miscellaneous Notes.

NEW ORLEANS POLYCLINIC

Now in session fifteenth year. Closes May 31, 1901. Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery. The specialties are fully taught, including laboratory work. For further infomation, address Dr. Isadore Dye, Secretary, New Orleans Polyclinic, Postoffice box 797, New Orleans, La.

We are delighted that so many of our old subscribers are renewing and paying to Jan. 1st, 1903.

Read all the new advertisements in this issue of the Journal. You may find something which will interest you.

In many vague and indefinite ailments due to latent rheumatic conditions, Tongaline will effect a cure promptly and thoroughly.

We call attention to the card of the National College of Law, Nashville, Tenn., in this issue of the Journal. For particulars write the president of the college, William Farr, for catalogues, etc.

"For functional uterine and ovarian disorders the medical profession will find in Ponca Compound that which is uniform, portable, convenient, reliable and agreeable, in fact a definite chemical compound."—I. N. Love, M. D., New York City, N. Y.

Dr. George H. Simmons, editor of the Journal of the American Medical Association, and Dr. Henry P. Newman, Treasurer of the American Medical Association, spent a day in Birmingham during the month. While here they were the guests of Drs. J. D. S. and W. E. B. Davis.

The St. Louis Medical Review is responsible for this paragraph: "A woman 65 years old gave birth recently to a healthy girl in a New Jersey town. The woman's husband is 70 years old, although both are said to be young looking for their years, and the couple had passed forty years in a childless wedlock."

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A Philadelphia jury gave Mrs. Nugent $1,000 damages in her suit against Dr. H. M. Righter for the death of her six-year-old boy, on the ground that he was infected with impetigo contagiosa by an uncleanly vaccination. The case will be appealed, and a physician who testified against Righter will be expelled from the County Medical Society.

It is ourselves that we are finding out all the while as we go about judging others. If we seem to find all men unjust, unreasonable, proud, vain, deceitful or false, there is enough in the discovery to startle us. It is the echoes of our own heart that we are hearing. It is the revelation of our own inner self that we are seeing reflected. We should seek instantly to find a new self, and then we shall find ourselves in a new world.—Ex.

A responsible French writer states that there are in Paris 2,600 physicians. Of these 40 earn from $40,000 to $60,000 a year, 50 earn $20,000 a year, 50 from $10,000 to $20,000, 200 from $6,000 to $10,000, 200 from $4,000 to $6,000, whilst 1,700 earn on an average $620. In the whole of France there are 16,000 practitioners, whose average professional earnings are less than $600 a year, and this amount does not represent net but gross earnings.—Ex.

Dr. W. E. Fitch, founder, and for many years editor and business manager of the Georgia Journal of Medicine and Surgery, published at Savannah, Ga., has sold his interest in the publication to his former associate and co-editor, Dr. St. J. B. Graham, who becomes editor and sole proprietor. The Journal, under Dr. Fitch's editorial management, from the appearance of the first issue, mertied the support of the profession, and gradually year after year, made for itself a place among the best medical periodicals of this country. The Doctor will devote his entire attention to the practice of his profession in Savannah, Ga.

The unforgiving cannot get God's forgiveness. It is put in the liturgy of penitence that we must forgive before we can even ask for forgiveness. "Forgive us our debts, for we have forgiven." If we will not show mercy, we cannot even ask to have mercy shown to us. Then with men, too, sternness finds sternness, resentment meets with resentment. He who sees no good in others must not be surprised and must not complain if others fail to see any good in him. The man who has only harsh wards for his fellows cannot expect to hear words of love from others concerning himself.—Maryland Medical Journal.

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Acute metritis resulting many times from exposure to cold during menstruation or from gonorrheal infection usually manifests itself by a chill, more or less severe, with pains in the lumbar or hypogastric region. The most satisfactory treatment for this condition is rest in bed with an ice coil or bag on the abdomen over the uterus followed by thorough flushing of the vagina with hot water in which has been dissolved Micajah's Medicated Uterine Wafers (one to the quart). After the acute stage has subsided a Micajah Wafer inserted into the vaginal canal up to the cervix will exert the antiseptic astringent action so essential in these cases.

Disturbance of nutrition is the cardinal point in the etiology of gout and rheumatism. In the transformation of products of disassimilation the liver plays a very important part, for it is here that nitrogenous bodies undergo the final change which reduces them to urea. In faulty reduction by the liver and consequent failure of the emunctories we have the basis of rational treatment of these diseases. In Tri-Iodides (Henry), an alkaloidal combination of phytolaccin solanin, colchicin and hydriodic acid, with C. P. sodium salicylate, we have an iodine alterative well borne by the stomach, without injurious by-effects, covering the entire range of the therapy of salicylates and iodides, and which fulfills all the indications suggested by our knowledge of the etiology of gout and rheumatism.—Medical Essays, Henry.

J. P. W. Smithwick, M. D., in an article entitled "Therapeutics of Convalescence from La Grippe," says in the Southern Medical Journal: "During the past year I have made use of Angier's Petroleum Emulsion with Hypophosphites among my patients which were convalescing from La Grippe. All of them improved rapidly with its use, who had done badly under the administration of Cod Liver Oil and various tonics. I have noted no case in which Angier's Petroleum Emulsion caused digestive or intestinal trouble, it being on the contrary well borne by weak and irritable stomachs."

Dr. Smithwick gives clinical histories of a number of cases in all of which the relief of the cough was prompt, digestion and assimilation resumed normal conditions with a consequent improvement in the appetite, there was an invariable gain in weight and the patient's convalescence was prompt and satisfactory in every instance.

Dr. Cunningham Wilson, President of the Jefferson County Medical Society, has sent a circular letter to each member of the Society containing the following suggestion:

My Dear Doctor. While the usual way of reporting cases to the

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County Medical Society has been very satisfactory, and I have no desire to put an end to such reports. I think they would be better received and elicit better discussions if it were generally known what cases would be reported at a given meeting.

"Written reports with more careful histories of cases would add tone to the Society and would be in keeping with the best medical societies. It would also give increased interest, when possible, to show the patients with the report of cases.

"If you will let me know when you have a case to report, and care to adopt the above course, I will take great pleasure in having our Secretary announce the subject on the regular cards."

GYNECOLOGICAL ANTISEPTICS.

By J. S. Tyree, Chemist, Washington, D. C.

"Women are changeable." Thus sang the Duke in Rigoletto; but is the sex more changeable than the practice of her medical advisers?

A few years ago the Curette held universal and almost undisputed sway. This instrument of torture still has a limited number of misguided followers, but its use is now being roundly condemned by very many practitioners as savage, cruel, and productive of untold harm in thousands of cases. There is no doubt but its sway for a decade left an army of chronically if not irreparably injured cavities and canals.

A better, more humane and rational way of treating a majority of gynecologic cases has been found. Antiseptics have solved the problem, and it is to be hoped the cruel Curette has been given a permanent vacation. It has been demonstrated that septic conditions are more surely and safely corrected by topical applications than by the scraper. The use of the latter, except in the removal of adventitious tissue and—there are much better ways than by the use of this instrument—is no more rational than it would be to attack an eczematous surface with a sharp steel ink eraser and vigorously denude it of skin.

The hey-day and eclat of the fresh-fledged hospital interne, with his array of scalpels, curettes, vulsellums, catgut and antiseptic gauze, has happily reached its zenith and is on the decline. The ubiquitous gynecologist, with his mania for immediate operation, is being invited to take a vacation—in some instances to "go away back and sit down."

The late Prof. Skene, than whom no gynecologic specialist stands higher in the estimation of his colleagues in this country or Europe, was, before his lamented death, vigorous in his denunciation of the prevailing tendency to operate in all cases of degenerative disturbances of the female generative system. His matured conviction was that local and constitutional measures should in all cases first be intelli-

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gently pursued, leaving operative interference for the few rare cases in which it is imperatively demanded.

The reaction has set in. This is the age and era of antiseptics in medicine. They are the sheet anchor of every rational practice regardless of its name or school. Without them both physician and surgeon would be practically helpless. Their consumption probably exceeds that of any other class of medicines. There is scarcely a disease in the pathologist's nomenclature for which antiseptics are not prescribed. The list is fairly interminable and indicates how wofully lame the modern practitioner would be without his ever ready and efficient antiseptics. Practically, as with the disconsolate Othello, if deprived of them, his occupation would indeed be gone.

The demand for an antiseptic combining strength with safety, efficiency with absence of evil after-effects, for gynecological uses, resulted in Tyree's Antiseptic Powder. These positive and negative properties are thoroughly represented in this powder. Sensitive mucous membranes have to be invaded, and while they need thorough relief from the attacks of virulent germs, their delicate surfaces and structural integrity must be preserved and maintained at all hazards.

Tyree's Antiseptic Powder is destructive to germ life and cleansing to mucous membranes. It is not only harmleess, but is a tonic to healthy tissue.

THE COCAINE HABIT.

The cocaine habit is at present attracting considerable attention from a medico-legal standpoint, and while it is a comparatively recent addition to the somewhat lengthy list of "drunk" producers, the easy and insidious manner of its acquirement and development render this form of dissipation difficult of detection. A little investigation into the manner in which this vicious habit is contracted and the pernicious influence it exerts upon its victims and their immediate surroundings will prove edifying to the scientist and surprising to the casual observer.

He who is conversant with the classic "Confessions of an English Opium Eater," or has at some time in life experienced the magic spell of the juice of the poppy—yea, even the charming excitation following physiological doses of the dewy distillations of the golden cereals —will more easily comprehend the alluring snares of their more powerful ally, cocaine; more powerful in its immediate influence, more lasting in its remote effects, more potent as a mind-destroyer and crime-breeder than either of the foregoing, it renders its victim a hopeless wreck and leaves but a vestige of that self-respect which once was his in the full fruition of manliness.

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A man filled with "tangle-foot" is content with its mollifying influence; however, he is not infrequently seized by an insatiable desire to impart a few drops from his over-filled cup of joy to that division of humanity which never goes beyond buttermilk or seltzer, and thus he sometimes makes the nights of the virtuously inclined hideous by his jocund homeward passage in the "wee small hours." The physiological phantasmagoria of the red glow of the poppy seek the luxurious couch of studied elegance and find solace in the profound sleep of the overfed.

Of the above one may well say, "he who runs may also read," but how shall we detect the votaries who worship at the shrine of Erythroxylon? They pass to and fro hourly in the very midst of the busy haunts of life, like a subtle perfume, causing here and there a smile or shrug of the shoulders, but rarely indeed attracting sufficient attention for detection; forsooth, ye merrie "coak" is long on deception and concealment. It is only when the habitue takes more than his usual allowance that he lays himself liable to detection by his extreme affability or disagreeable moroseness, the rapidity with which statements are made and contradicted, the ease with which his most fixed belief concerning ethics, politics or religion may be controverted, together with the purposeless muscular movements and disconnected ideas, all of which, for want of a better name, we will designate as chorea of thought.

The writer has observed no tendency to criminality in the cocaine user so long as he confines himself to this particular form of debauchery. Give whiskey or opium to the case, and we have an irresponsible individual, all the passions unbridled, hope and fear in abeyance, running riotously in our midst without sail or rudder, menacing alike the peace and dignity of the State and the welfare of society.

Since the time when the memory of man runneth not to the contrary, the human species in all climes and conditions has been assiduously engaged in the discovery and consumption of nerve-lulling drugs. The success attendant upon their efforts is fairly familiar to most practitioners of medicine, but the dementia and dwarfing influence on posterity are beyond the comprehension of the human understanding.

The ease with which the cocaine may be obtained is not in keeping with the eternal fitness of things, and scientific bodies are casting about for legislation restricting its sale. The novice timidly approaches the druggist and whispers his desire, but the old-timer advances toward the counter with the eagerness and assurance of a child bent toward buying candy, holds up one or two fingers to indicate the amount desired, throws down a nickel or dime, and leaves with the

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alacrity of a small boy receding from the business end of a wasp, to seek some retired spot and the solace and forgetfulness which the precious purchase will bring.

In enacting statutes for the regulation of the sale of this drug we must move slowly and with that deliberation which will insure the greatest good to the greatest possible number. For instance, it has been suggested that the sales be limited to physicians' prescription and be subjected to the statutory provisions regulating the sale of poisons in general.

Now, we will only suppose a case of one of the eighty-five graduates in each one hundred who fail to gain a livelihood in the practice of medicine should turn legally, mind you, to writing prescriptions for these poor, misguided, nerve-wrecked cocaine-thirsting beings. On the other hand we will take the case of a physician owning and operating a drug store; honestly, do you not think this would be the source of a tempting income and thwart the very object of such legislation by rather increasing than diminishing the sale and consumption of this drug?—W. D. H., in the Cincinnati Lancet-Clinic.

OSTEITIS OF THE KNEE, EFFECT OF.

From measurements of the femorae, tibiae, feet, and patellae, during or after osteitis of the knee, in 40 cases where the disease had begun in childhood, the following conclusions were reached: 1. The affected limb, if approximately straight, was longer in the first four years in the large majority of cases. In observed cases of adolescents and adults it was from one to several inches shorter when the disease had lasted over seven years. 2. The affected femur was nearly always longer in the first four years, and the lengthening of the limb mainly due to lengthening of the femur. In the older cases, after a duration of seven years or more, the femur was markedly shortened. 3. The tibiae were usually equal in length in the early stages; later the tibia of the affected side might be slightly longer for a time, but oftener shorter; the shortening increased considerably in the older cases, and after the subsidence of inflammation. 4. With limbs of equal length and a duration of several years, the femur of the affected side was found longer and the tibia shorter than its mate. 5. The foot and patella showed a difference in favor of the sound side after one year and frequently before. 6. The stimulation of growth in the affected femur was accompanied by a retardation in the tibia, foot, and other parts; growth in the femur itself was finally retarded. The result after many years was often considerable shortening of the limb. —H. L. Taylor (Medical News, Dec. 28, 1901).

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WHAT THE AMERICAN MEDICAL ASSOCIATION ASKS OF THE STATE SOCIETIES.

[I reproduce the following, from the Journal of the American Medical Association, that members of the Texas State Medical Association may know, and when we meet in Dallas, May 6th, be prepared to vote intelligently on the changes that are contemplated to be made in the constitution of the State Medical Association; also, that members of local societies may be informed of the new relations that will be brought about if the changes above mentioned are effected. It is most desirable that there should be a full attendance. It is also highly important that those who are not members of any society should catch on, quick, because things are shaping now, so that to be not a member of one's local society puts one horsdu concours; that is, not in the swim, the push, not even a little bit. A badge of membership will be the sine qua non of respectability, in fact.—Ed.]

The following resolutions, among others, recommended by the committee on reorganization were adopted at the last meeting of the American Medical Association:

c. That the State societies unitedly agree to federate themselves in the American Medical Association, and, as a preliminary to this, adopt a uniform organic law in regard to certain fundamental principles, viz.: to divide their annual sessions into two branches, legislative and scientific; the legislative branch to be as small as is compatible with representation from all the county societies, and to be composed of delegates elected by the county societies.

d. That membership in the county or district societies shall constitute membership in the respective State society without further dues, and that no one be admitted to membership in the State society except through county or regular district societies.

e. That funds to meet the expenses of the State society be raised by a per capita assessment on the county and district societies.

f. That a united effort be made to influence special societies to limit their membership to those who support the regular organization, and the semi-national and miscellaneous societies to encourage systematic organization, by covering a definite territory and also by limiting their membership to supporters of the regular organization.

g. That each State society create a permanent committee and a fund for the purpose of enforcing all medical laws in every part of its territory.

h. That each State society co-operate with the American Medical Association and with the other State societies in solving the problems now before the profession relating to medical education, medical legislation, reciprocity, licensing, etc.

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An analysis of these resolutions shows that the American Medical Association requests the following:

1. The federation of all the State associations in the American Medical Association.

2. That all associations adopt a uniform plan of organization as regards certain fundamental principles.

3. That each State association have two distinct branches, legislative and scientific.

4. That the legislative branch be as small as compatible with representation from all county societies in the States or territory, and to be composed of delegates by the county (or district) societies.

5. That the scientific branch be composed of and open to all members of county (or district) societies, or as stated in the resolution: "Membership in the county or district society shall constitute membership in the respective State societies without further dues, and that no one be admitted to membership in the State society except through county or regular district societies."—Journal American Medical Association.

SCIATIC PAIN—PROMPT RELIEF.

In reporting his experience in the treatment of sciatica, Fred E. Davis, M. D., of Brookside, Ala., writes as follows in Annals of Gynecology: "I have been giving antikamnia and heroin tablets a thorough trial in the treatment of sciatica and I must say that my success has been phenomenal indeed. I have also induced two other physicians to give them a trial and their success equals or surpasses my own. I meet with many cases of sciatica and until antikamnia and heroin tablets were introduced I was compelled to use a great deal of opium and morphine to relieve the pain. Since then, though, I have not given either. One of my patients had been confined to bed for three weeks during her last attack of sciatica. I prescribed one antikamnia and heroin tablet every four hours and in forty-eight hours she was up and about and has not felt the pain since. I thank you for the introduction of this most excellent remedy and assure you of my willingness to report the results of still further investigation."

LAC-BISMO.

The tried specific for morbid conditions of the mucous membranes, is manufactured by E. J. Hart & Co. Ltd., of New Orleans, La. A postal will secure a liberal sample and valuable literature on the subject. All pharmaceuticals offered by this old and reliable firm are sure to be welcomed by the profession, because of the well known general excellence of their preparations.

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WHOOPING-COUGH.

Of drugs for internal medication, the antispasmodics are the best. Mistura asafoetida, 1-2 drachm every two hours, is of value. This, however, is often disappointing, and probably the next best drug is belladonna. The dose of the tincture should be 1 drop for every month of the child's life, and should be pushed to the full physiological effect. A prescription personally used is the following:

℞ Atropinae sulphatis, 1 grain.
Aquae destillatae, 1 ounce.

One drop of this is given every three to four hours, and gradually increased until a cutaneous flush is obtained, and the child is then kept under its physiological effect. Of the coal-tar products, antipyrin is the best. One grain of antipyrin is given for each year of the child's life.

A combination of belladonna or atropine and antipyrin acts better than any alone. A very useful adjuvant is the use of a freshly-prepared belladonna plaster placed between the scapulae.

Convalescence is favored by sea-shore life, and a tendency to chronic bronchitis is overcome by an early and continued use of cod liver oil. —W. C. Hollopeter (Medical Bulletin, December, 1901).

PSYCHOSES, THE ACUTE.

Under certain conditions and in carefully selected cases travel is a therapeutic measure of great importance. To advise it indiscriminately is more than a mistake; it is a crime. Whether it be by sea or by land, the special nature of each case must determine. Travel has two spheres of greatest usefulness: either as a preventive measure or as an aid to convalescence.

Slight dementia, due to serious bodily illness, and the insanities associated with phthisis, asthma, etc., have been greatly benefited by sea-voyages. Paranoia is harmed, never helped; travel increases the morbid egotism and intensifies the delusions. In excited mental cases, especially in general paralysis, travel is counter-indicated. Much has been hoped for it in adolescent insanity, but the results have been most disappointing. An ocean-voyage is thought to be especially desirable for the milder melancholias: those arising from shock, influenza, and overwork. The graver forms of the disease are only intensified by it. The quieter melancholiacs are kept, the better. Travel greatly increases the probability of suicide in this class of cases.—C. Eu-

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gent Riggs (Journal of the Americal Medical Association, Nov. 23, 1901).

CONVULSIVE TIC.

Very many of these cases are habit cases, induced by some trivial local source of irritation or reflex influence not of central origin. In such, static electricity plays a double role, and is uniformly successful if applied early. (1) It lessens the irritability, and (2) acts as a powerful suggestive influence when systematically employed.

Most cases of central origin are not due to any traceable organic defect, but are induced by functional derangement. Such are capable of being cured if not too long standing. For treatment, a metal electrode covering the affected muscles is applied and held in position with the hand, and the wave-current is employed with as long a spark-gap as can be used without causing painful muscular contractions. Sparks to the region will also render the results more effective in some cases. If the condition is suspected to be of central origin, a large electrode to the back or abdomen should be used, as in epilepsy, for an additional fifteen minutes for its general effect. Under this regime there are few cases of not more than two years' standing that will not yield.—W. B. Snow (Journal of Electrotherapeutics, December, 1901).

THE OSTEOPATHS GET IT IN THE SOLAR PLEXUS IN NEW YORK AND KENTUCKY.

The osteopaths made a desperate effort to secure the passage of a bill through the Kentucky Legislature to grant them all of the rights and privileges that the regular physicians are entitled to except to practice major surgery. They employed the best legal talent in the State to plead their cause before the committee to whom the bill had been referred. Suffice it to say that the committee very promptly put it to sleep, and it is to be hoped that it will sleep the sleep that knows no waking, and that all bills of a similar nature will meet the same fate if such should be presented to any legislative body for consideration.

The passage of such a bill as was presented to the Kentucky Legislature in any State would make it a haven for quacks, as it would enable the osteopaths to register anybody who would pay their examining board enough money. In short, it would be a get-rich machine the like of which has not been heard of in modern times.

The New York Legislature was asked to pass a bill with absurdities in it similar to those in the Kentucky bill, but the committee recog-

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nized the "ass's ears" in time to send him to grass for an indefinite period.—The American Practitioner and News.

CONVICTED OF ABORTION.

Dr. Q. C. Smith, of Austin, a well known practitioner of more than twenty years in this city, was indicted by the grand jury for criminal abortion, and was tried at the present session of the Austin district court. The verdict of the jury was "guilty," and the punishment was assessed at two years in the penitentiary. A motion for a new trial was granted, on the ground that at the noon recess one of the jurors had separated himself from the others, and had gone down town to dinner instead of dining with the sheriff. Dr. T. J. Bennett, of Austin, who was called to the woman after Smith had delivered the fetus, was the complainant and prosecuting witness.—Texas Medical Journal.

A GREETING TO THE NEW GRADUATE.

When Dr. Clark, professor of medicine in the College of Physicians and Surgeons, was in his prime, a member of the graduating class called on him for the purpose of having his chest examined. Having undergone the examination and received assurance that his lungs were sound, the young man asked the Doctor what his fee was. "Oh, nothing, sir; nothing at all." "Why, how is that?" "Well, you know, dog doesn't eat dog." "What do you mean, sir?" "Simply that one doctor doesn't charge another doctor for professional services." "But, you know, Professor, I'm not a doctor; I'm only a student." "Very well, dog doesn't eat pup."—N. Y. Med. Journal.

SMALL POX THERAPY.

The prevalence of a mild type of small pox throughout the country gives the therapy of that disease especial interest at the present time. Vaccination is, of course, unquestionably not to be overlooked as a preventive measure, but in addition infection may be made much more unlikely and, where infection has taken place, the course of the disease considerably shortened and shorn of its terrors by the administration of the valuable anti-purulent ecthol. The Battle Company has just issued a pamphlet dealing with the use of ecthol in this disease. The pamphlet should be in the hands of every physician who may be called upon to treat small pox. It will be sent to any physician who makes the request.—Medical Fortnightly.

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PEDIATRICS—THE HYGIENIC AND MEDICAL TREATMENT OF CHILDREN. By Thomas Morgan Rotch, M.D., Professor in the Text and by Colored Plates. J. B. Lippincott & Co., Pub As a reliable and systematic treatise on the disease of children Rearranged and Rewritten. Illustrated by Numerous Engravings in the Text and by Colored Plates. J. B. Lippincott & Co., Publishers, Philadelphia, Pa.

As a reliable and systematic treatise on the disease of children there is not a superior work in the hands of the medical profession. Every subject relating to the disease of children is clearly and concisely discussed. The author says for the book:

When another edition of this work was called for it was found necessary to rewrite it in order to bring it into accord with the advances which have been made in the subject of Pediatrics during the past six years. It is, therefore, offered to the professor as practically a new book. The order in which the different subjects have been treated, and the relative space assigned to them, have in many instances been radically changed. The endeavor has been made to emphasize the practical character of the work by thoroughly systematizing the etiology, the symptomatology, the diagnosis, and the treatment of various diseases. Much attention has been devoted to the anatomy and physiology of early life and to the advances which have been made in the subjects of infant feeding, of bacteriology, and of the blood. Several new colored plates and a number of radiographs have been added to the illustrations.

In acknowledging the aid which I have received I owe special recognition to my assistant and friend, Dr. Maynard Ladd, for his help in the preparation of the entire book. His interest and enthusiasm have been unflagging and invaluable. My thanks are also offered to those who have by their advice enabled me to remodel the book, and I would particularly acknowledge the information connected with the pathology which has been given so freely by Professor William T. Councilman.

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I am under much obligation to Dr. John H. McCollum, Dr. Robert W. Lovett, Dr. John L. Morse, Dr. Algernon Coolidge, Jr., Dr. John Dane and Dr. John T. Bowen. Dr. William P. Northrup supplied for the previous edition a number of valuable plates illustrating gastro-entric diseases, and these plates are now retained. Dr. Franklin W. White has been of great service in the preparation of the article on the blood. Dr. Ernest A. Codman kindly furnished the plates of the radiographs. The publishers have shown unfailing courtesy and much liberality.

SAUNDERS' MEDICAL HAND-ATLASES.

ATLAS AND EPITOME OF SPECIAL PATHOLOGIC HISTOLOGY. By Docent Dr. Hermann Durck, of the Pathologic Institute of Munich. Edited by Ludvig Hektoen, M. D., Professor of Pathology in Rush Medical College, Chicago. Vol II.—Liver; Urinary Organs; Sexual Organs; Nervous System; Skin; Muscles; Bones. With 123 colored illustrations on 60 lithographic plates and 192 pages of text. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, $3.00 net.

This volume costinues the subject of Pathologic Histology in the Saunders Series of Hand-Atlases, and is, if anything, even handsomer than its companion volume issued some moths ago. As in all the volumes of this well known series of books, the illustrations are the special feature. The subject of pathologic history is particularly adaptable to illustrative treatment. Indeed, in no other way can the subject be adequately presented in a text-book. The colored lithographs of this volume are beautifully reproduced, and are extremely accurate representations of the microscopic changes produced by disease. The great value of these plates is that they represent in the exact colors the effect of the stains which are of such great importance for the differentiation of tissue.

The text portion of the book is admirable, and, while brief, it is entirely satisfactory in that the leading facts are stated, and so stated that the reader feels he has grasped the subject extensively. The work is modern and scientific, and altogether forms a concise and systematic view of pathological knowledge.

SAUNDERS' MEDICAL HAND-ATLASES.

ATLAS AND EPITOME OF BACTERIOLOGY. A text-book of Special Bacteriologic Diagnosis. By Professor Dr. K. B. Lehmann, Director of the Hygienic Institute in Wurzburg; and R. O. Neumann, Dr. Phil and Med., Assistant in the Hygienic Institute in Wurzburg. From the Second Enlarged and Revised Ger-

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man Edition. Edited by George H. Weaver, M. D., Assistant Professor of Pathology, Rush Medical College, Chicago. In two volumes. Part I, consisting of 632 colored figures on 69 lithographic plates Part II, consisting of 511 pages of text, illustrated. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, $5.00 net.

This work supplies a long-needed want in the field of bacteriology and bacteriologic diagnosis, and proves a most valuable addition to Saunders' Series of Hand-Atlases. As in all the volumes of this commendable series, the lithographic plates are accurate representations of the conditions as actually seen, and this well-selected collection, if anything, is more handsome and useful than any of its predecessors. As an aid in original investigation the value of the work is inestimable.

The text is divided into a general and a special part. The former furnishes a survey of the properties of bacteria, together with the causes of disease, disposition, and immunity, reference being constantly made to an appendix of bacteriologic technic. The special part gives, so far as possible in a natural botanical arrangement, a complete description of the important varieties, the less important ones being mentioned when worthy of notice. The causes of diphtheria and tuberculosis, together with the related varieties, have been given especial attention.

Most praiseworthy is the reformative tendency in regard to the grouping of varieties of bacteria, the strict division of the system especially, the rational naming of the bacteria, etc. The system of nomenclature is entirely original with the authors and is deserving of the greatest commendation, particularly that of the fission-fungi, which has been handled in a most masterly manner.

As a text-book of bacteriology and bacteriologic diagnosis it is all that could be desired, embracing, as it does, in a comparatively limited space, all the important special and many of the less valuable ones, and discussing them in language concise and easily intelligible.

WARWICK AND TUNSTALL'S FIRST AID TO THE INJURED AND SICK.

FIRST AID TO THE INJURED AND SICK. By F. J. Warwick, B.A., M.B., Cantab., Associate of King's College, London: Surgeon-Captain, Volunteer Medical Staff Corps, London Companies, etc.; and A. C. Tunstall, M. D., F. R. C. S. Ed., Surgeon-Captain Commanding the East London Volunteer Brigade Bearer Company; Surgeon to the French Hospital and to the Children's Home Hospital; etc. 16mo volume of 232 pages and nearly 200

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illustrations. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, $1.00 net.

This volume of practical information is intended as an aid in rendering immediate temporary assistance to a person suffering from an accident or sudden illness until the arrival of a physician.

The importance of first aid is indisputable as a life-saving expedient, for upon the promptness and efficiency of the aid first rendered the patient depends, in a great measure, the termination of the case.

The authors, fully appreciating the urgency of the subject, have succeeded in producing an admirable work of practical emergency procedures, and they have couched it in such clear and unequivocal language that even those entirely unfamiliar with the science may easily grasp the meaning intended.

It will be found a most useful book of ready aid, and of invaluable service, not alone to nurses, railway employes, etc., but also to the laity in general, as a book of indispensible first aids.

THE FOUR EPOCHS OF WOMAN'S LIFE.

THE FOUR EPOCHS OF WOMAN'S LIFE. A Study in Hygiene. By Anna M. Galbraith, M. D., Author of "Hygiene and Physical Culture for Women;" Fellow of the New York Academy of Medicine, etc. With an Introductory Note by John H. Musser, M. D., Professor of Clinical Medicine, University of Pennsylvania. 12mo volume of 200 pages. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, $1.25 net.

Women have at last awakened to a sense of the penalties they have paid for their ignorance of those laws of nature which govern their physical being, and to feel keenly the necessity for instruction in the fundamental principles which underlie the epochs of their lives.

This is pre-eminently the day of preventive medicine. The physician who can prevent the origin of disease is a greater benefactor than he who can lessen the mortality or suffering after the disease has occurred. Any contribution, therefore, to the physical, and hence the mental, perfection of woman should be welcomed alike by her own sex, by the thoughtful citizen, by the political economist, and by the hygienist.

In this instructive work are stated, in a modest, pleasing, and conclusive manner, those truths of which every woman should have a thorough knowledge. Written as it is for the laity the subject is discussed in clear, comprehensible language, readily grasped even by those most unfamiliar with medical subjects. A valuable and commendable feature of this handy volume of instructive information is a comprehensive glossary of those medical terms necessary to a thorough un-

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derstanding of the subject under discussion. Without doubt, it is a book that should receive the thoughtful consideration of every woman.

SAUNDERS' QUESTION COMPENDS.

ESSENTIALS OF PHYSIOLOGY. Prepared especially for Students of Medicine; and arranged with questions following each chapter. By Sidney P. Budgett, M. D., Professor of Physiology, Medical Department of Washington University, St. Louis. 16mo volume of 233 pages, finely illustrated with many full-page half-tones Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, $1.00 net.

This is an entirely new work and a worthy accession to Saunders' excellent series of Question-Compends. It aims to furnish material with which students may lay a broad foundation for later amplification, and to serve as an aid to an intelligent consultation of the more elaborate text-book. The subject of Physiology is covered completely, and, the author of the work being a teacher of wide experience, the salient points are particularly emphasized. An important feature is the series of well-selected questions following each chapter, summarizing what has previously been read, and at the same time serving to fix the essential facts in the mind. Nearly all the illustrations are full-page half-tones, and have been selected with especial thought of the student's need. In every way the work is all that could be desired as a student's aid.

AN AMERICAN TEXT-BOOK OF PATHOLOGY.

AN AMERICAN TEXT-BOOK OF PATHOLOGY. Edited by Ludvig Kektoen, M. D., Professor of Pathology, Rush Medical College, Chicago; and David Riesman, M. D., Professor of Clinical Medicine, Philadelphia Polyclinic. Handsome imperial octavo of 1,245 pages, 443 illustrations, 66 of them in colors. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, $7.50; Sheep or Half Morocco, $8.50 net.

The importance of the part taken by the science of pathology in the recent wonderful advances in practical medicine is now generally recognized It is universally conceded that he who would be a good diagnostician and therapist must understand disease—must know pathology. The present work is the most representative treatise on the subject that has appeared in English. It furnishes practitioners and students with a comprehensive text-book on the essential principles and facts in General Pathology and Pathologic Anatomy, with especial emphasis on the relations of the latter to practical medicine. Each section is treated by a specialist who is thoroughly familiar with his

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particular subject, and can best frame the theories and conclusions in an authoritative form. The illustrations, which are nearly all original and of which 66 are in colors, are unsurpassed in beauty by those in any similar work in the English language. In fact, the pictorial feature of the work forms a complete atlas of pathologic anatomy and histology.

INTERNATIONAL CLINICS. A Quarterly of Clinical Lectures, and Especially Prepared Articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Pediatrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose and Throat, and other topics of interest to Students and Practitioners. By Leading Members of the Medical Profession Throughout the World. Edited by Henry W. Cattell, A. M., M. D., Philadelphia, Pa. With numerous collaborators Volume IV., Eleventh Series, 1902. Philadelphia: J. B. Lippincott Co., Publishers. Price, $2.00.

The volume before us is in keeping with the splendid make up of the International Clinics. The readers will notice that this volume contains 107 illustrations, 34 special formulae, table on infant feeding from one week to three years, and no less than thirty-six authors, the majority being widely known American teachers of the highest rank, and known to every physician who reads.

The list of articles and the practical instructions and help they give is remarkable, and will cause still more wonderment when the price is considered ,but most important, this is only one of the four which are truly a miniature working library and the greatest value for the money ever offered to the medical profession.

This eleventh series has 1 221 pages, 110 articles, 259 illustrations, in colors in black and white, from 20 to 36 of the leading writers of the world represented in each volume, and while some of our warmest friends thought it would be impossible to maintain the standard of 1900, it would be impossible for the publishers to offer to the profession these works of such high standard and great value to the profession, were it not for the fact of the great demand for them, and the many thousand sold to the profession.

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THE ALABAMA
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Original Communications.

SOME POINTS IN DIAGNOSIS OF DISEASES OF THE STOMACH.*

By CABOT LULL, M.D.,

BIRMINGHAM, ALA.

In all the field of internal medicine, there is perhaps no ailment so common as dyspepsia or "stomach trouble," so called. These are terms employed indiscriminately by the laity and often ill-advisedly by physicians to designate some derangement of the stomach.

It is not unusual for the young practitioner to encounter such cases early in his career and knowing the trials that have been given the older members of the profession and often the indifferent success with these cases, he undertakes their treatment with some misgivings, and rightly so. Since if he prescribes some of the late preparations of digestive ferments with acid and some tonic, the usual remedies he may expect the usual result; the patient is rarely benefited and after he has perplexed and annoyed the doctor for some time, he passes on to some other physician, or falls an easy victim to some charlatan or patent medicine vender. The object of this paper is to urge the necessity of thorough examination by all the known means of diagnosis of cases of long standing digestive disturbance in which the diagnosis is doubtful and which fail to respond to ordinary treatment. This class of cases I believe to be much larger than is generally supposed. In this connection let me quote from Hare, one of our foremost therapeutists, who says, "Much carelessness still exists in the diagnosis of diseases of the stomach and the lessons imparted by modern methods

*Read before the Jefferson County Medical Society, March 25, 1902.

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of investigation go unheeded. The term dyspepsia should be employed only in a symptomatic sense, leaving the underlying cause still to be looked for."

Acute diseases of the stomach will not be considered in this discussion as less difficulty is experienced in their diagnosis and treatment and hence the employment of methods of precision is unnecessary. But special reference is made here to cases of long standing in which the cause is often obscure and in which it is impossible to determine whether the derangement of digestion is the primary condition or a sequence of some constitutional disease.

I shall not attempt to discuss the various forms of dyspepsia nor the pathological conditions of the system in which they occur, for this would exceed the limit of this paper and besides would be of no practical value. I shall only allude to them in a general way in passing. The older writers very naturally classified chronic digestive disturbances from a purely clinical standpoint, for even as late as 1885 we find in Pepper's System of Medicine two main divisions, Functional and Inflammatory. The Functional variety is defined as "disturbance of the digestive process not associated with changes of an inflammatory nature, so far as we know." Under the head of etiology as predisposing causes are named, Anemia, Febrile States, Exhaustion of the Organic Nerves, Deficient Gastric Secretion, leading to a disproportion of secretion to food. As exciting causes are mentioned, Dietetic Errors, Alcohol and Drugging. Great stress is laid on the nervous forms and the author remarks, "that no organ is subjected to such a wide range of nervous disturbances as the stomach." Such a classification, I think you will agree, is totally inadequate. It does not even hint at the nature of the pathological process and hence furnishes no rationale for treatment.

Let us glance at a classification based on careful analysis of the stomach contents and a knowledge of the physiological function of peristalsis. Osler classifies functional disturbances as follows:

1. Motor Neuroses embracing:
Hyperkinesis or Supermotility.
Peristaltic Unrest.
Nervous Eructations.
Rumination.
Spasm of Cardia.
Spasm of Pylorus.
Atony of the Stomach.
2. Sensory Neuroses:
Hyperaesthesia.

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Gastralgia and other nervous anomalies of appetite, etc.

3. Secretory:

Hyperacidity or Hyperchlor hydria.

Supersecretion.

Subacidity or Inacidity.

We have in such a classification something tangible. We are told something of the causative factor and the results produced and we may undertake the treatment in an intelligent way, whether that treatment be directed against the cause or consists in dietary regimen.

If a satisfactory classification of the purely functional diseases depends on a knowledge of the digestive powers of the organ, how much more essential does such knowledge become in those conditions where actual structural changes have taken place. Here the measurement of the digesting capacity is a sine qua non in making a correct diagnosis and prognosis and more especially in outlining rational treatment. In the chronic forms of gastritis the most generally accepted classification is that of Ewald, who recognizes, (1) Simple, (2) Mucous, (3) Atrophic forms. These are distinguished by the presence or absence of certain constituents of the gastric juice and the presence of certain abnormal substances, for instance, in the Simple variety the hydrochloric acid may be diminished or absent, pepsin and rennin always present. Lactic acid may be found. The Mucous variety has for its chief characteristic the presence of a large amount of mucus. The Atrophic form shows none of the digestive ferments.

Osler says, "where possible the cause in each case should be ascertained and an attempt made to determine the special form of indigestion." Especially does he emphasize the need for careful study of the phenomena of digestion in the more obstinate and obscure forms. Now the chief medicinal remedies employed are hydrochloric acid and the various digestive ferments. How manifestly unscientific would be the supplying of any one of these substances to an organ perfectly normal as to secretion or even worse, to administer one of these agents, as for instance, hydrochloric acid to a stomach already suffering from Hyperacidity. And yet it cannot be denied that this very thing is constantly being done. No less important is the knowledge of the actual digesting capacity of the stomach in every case where so much depends on a carefully selected dietary. These facts are so obviously true that we need only to allude to them.

So far we have considered dyspepsia as a primary condition, but there are many diseases in which it is an accompaniment and often one that demands more skillful management than the original malady. Among these the more important are, Anemia, Chlorosis, Tuberculosis,

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Gout, Diabetes and Bright's Disease. So inseparably associated do we find Anemia with chronic indigestion that it is often difficult to determine which is the primary condition. It is no uncommon thing in hospital practice to have cases sent in with a diagnosis of Pernicious Anemia, which are primarily obstinate forms of chronic gastritis with Anemia resulting from inanition. If by thorough examination of the organs of digestion and the blood a correct diagnosis is possible, hope for ultimate recovery may be held out. It is believed by many workers along this line that by careful routine examination a large number of cases of so called Idiopathic or Pernicious Anemia will be found to be secondary to digestive derangement.

Every general practitioner knows from sad experience the difficulties arising from chronic indigestion in many of the so called constitutional diseases, notably in Pulmonary Tuberculosis. One writer on this subject states that of three hundred analyses of gastric juice of patients suffering with this disease only 6 per cent. were found to be normal. Here the whole problem is one of digestion and assimilation and all the judgment and experience of the physician are brought into play. A thorough examination of the organs of digestion should be made, especially with a view to determining the amount and kind of food most suitable to the individual case. With this exact knowledge a much more certain prognosis is possible and the most potent agency in combating the disease, viz.: the bodily resistance is utilized to the fullest extent.

Coming now to the local diseases of the stomach, Cancer, Peptic Ulcer, Dilatation, Gastroptosis, etc. We find that often even the most painstaking examination by ordinary methods fail to furnish data sufficient for a positive diagnosis. The differential diagnosis between Cancer and Peptic Ulcer and between ordinary Dilatation and Gastroptosis often rests entirely upon the results of analysis and microscopic examinations. In those cases of Chronic Gastritis with marked Anemia, referred to under constitutional diseases, where no tumor mass can be palpated we are at a loss to know whether we are dealing with a simple advanced Gastritis, with a case Pernicious Anemia or with beginning Carcinoma. Of course a careful blood examination which is always indicated in such cases will shed much light on the subject. But if we give a test breakfast and examine the stomach contents, carefully testing for free Hydrochloric Acid and organic acids, especially Lactic Acid and make a careful microscopic examination of the solid portions, we can almost invariably clinch the diagnosis.

If we find total acidity increased, free Hydrochloric Acid normal or in excess, ferments present, organic acid absent and blood pigment

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present we suspect Peptic Ulcer. Free Hydrochloric Acid greatly diminished or entirely absent, organic acids present, old blood (that is coffee ground material), fermenting food, Oppler-Boas bacilli point strongly to Carcinoma. Furthermore it is often possible to find shreds of Carcinomatous tissue in the stomach washings. In distinguishing between Dilatation not due to stenosis from malignant growth and displacement of the viscus we rely mainly on inflation, as the capacity of the stomach is variable and often nothing conclusive is demonstrated by a chemical analysis. But in emphasizing the importance of gastric analysis, we must not undervalue other means of diagnosis. A careful history taking with detail of symptoms is, of course, important and should never be neglected, but so various and so variable are the symptoms, because in many cases so largely does the nervous element enter in that a typical clinical picture of a definite pathological condition is impossible. We must then rely chiefly on the status praesens The examination:

1. General Examination. The practiced observer notes the expression, color of the skin, sclera and mucous membranes, the general bodily nutrition and particularly inquires as to loss of weight. Next a careful physical examination of all the organs is made and any abnormal condition which may bear a causal or sequential relation to the digestive derangement is discovered.

2. Examination of the Stomach. A thorough knowledge of the anatomy of the stomach both macroscopic and minute as well as a familiarity with the physiological processes is, of course, a primary requisite to an intelligent understanding of digestive disturbances.

In the investigation of the stomach itself we employ (1) physical examination, (2) chemical examination, (3) microscopical examination of its contents. And to this we might add certain physiological tests to determine its absorptive and motor powers. There are numerous ingenious mechanical devices for the examination and treatment of the stomach by massage and Hydrotherapy, but these are not yet generally employed. For a brief routine examination the following will be found sufficiently comprehensive to bring out the salient points and at the same time as practicable as it is possible to make such examinations. The results here aimed at are for immediate clinical purposes rather than scientific experiment.

(1) Inspection.

(2) Palpation.

(3) Percussion (including auscultatory percussion, which by many is thought to be of little practical value.)

2. Inflation by air with stomach tube and syringe or by Carbondiox-

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ide gas generated in the stomach by allowing the patient to drink in rapid succession Sodiumbicarbonate and Tartaric Acid, the proportion being six grams of the first to seven grams of the latter, enables us to determine the size and relation of the stomach.

3. In making a chemical examination we give the patient a test meal consisting of thirty-five grams of granose with three hundred c. c. of water. (A dry roll of this weight and 300 c. c. of water will answer as well). In one hour the stomach tube is passed and the entire contents drawn off. The expressed material should be carefully filtered and while this is taking place, in order to save time, qualitative tests and microscopic examinations are made. The following points are noted: Amount, color, odor, specific gravity, reaction to litmus, presence of blood, mucus and food particles. Microscopic examination is made for red and white blood cells, Sarcinæ, yeast, moulds, Oppler-Boas bacilli; also shreds of tissue, if present, should be stained for new growth. If blood is suspected and is not found by microscopic examination, its presence may be demonstrated by the well known test of Teichmann, by the formation of haemin crystals.

The filtrate is now tested qualitatively for the presence of: (1) Free acids by Congo red paper, if present red turns to deep blue. (2) Free HCL by Gunzberg's method, employing Phloro-glucin-vanillin solution, a drop of the solution to a drop of the filtrate heated on white porcelain will change to carmine color. Another valuable test is Topfer's-Dimethyl-amido-azo-benzol 0.5 per cent. alcoholic solution. Add several drops of this yellow solution to a few drops of the filtrate, without heat, and note the color cherry red or carmine, depending on the amount of Hydrochloric acid present.

(3) Lactic Acid by Uffleman's method. 10 c. c. of the filtrate and 50 c. c. of ether are thoroughly shaken together and allowed to separate, pouring off the ether and dividing into two portions, one should be tested with fresh Uffleman's reagent, which is pale amethyst in color and changes to a canary yellow on addition of a small amount of this etherial extract, if lactic acid be present. If greater accuracy is desired, DeJong's method is employed. The remaining portion of the etherial extract may be tested for butyric acid or acetic acid if required.

(4) Pepsin, the presence of which is determined by the digestive test, as follows: A small disc of egg albumen is immersed in a test tube containing some of the filtrate and is set aside for three hours at 40°C. Note the degree of digestion. To another tube prepared in the same way add five drops of .2 per cent. HCL and note the digestion under the same conditions. Now if no digestion takes place in the first it may be due to the absence of HCL or Pepsin, but we know

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whether or not HCL is present, having determined this by our qualitative test. So supplying it if absent, in tube No. 2 we get digestion if Pepsin or its Zymogen, Pepsinogen, be present.

(5) Rennin or its zymogen is tested for by adding three drops of the filtrate to 5 c. c. of milk at 40°C. and noting the coagulation which should take place in fifteen minutes. To a second tube of the filtrate rendered slightly alkaline add 2 c. c. of Calcic chloride and note the coagulation which takes place if the zymogen be present.

(6) With the data obtained from our qualitative tests we are able to proceed intelligently in our quantitative estimations. The constituents of the gastric juice required to be estimated quantitatively are: (1) Amount of free HCL. (2) Total acidity. (3) Loosely combined HCL. (4) Organic acids and acid salts. These determinations are made by titration with decinormal Sodium-hydroxide against certain indicators, as Alizarin-mono-sulphate of Sodium, Phenolphthalein, etc. and depend for their accuracy solely on the expertness of the investigator's eye in the detection of fine shades of color. This qualification as well as the speed with which the estimations are made is acquired only by practice. I shall not enter into the details as the methods uniformly employed are readily learned from text-books on the subject and every investigator finds some short cut to results.

The chemical analysis completed, we may also desire to test the motor or absorptive power of the stomach. The former is done by the administration of Salol and noting the time required for it to appear in the urine (forty to sixty minutes), the latter by the administration of Potassium Iodide and testing the saliva for free Iodine by the starch or fuming nitric acid tests, the average time for its appearance being six and a half to eleven minutes.

The routine examination suggested requires (1) necessary equipment, (2) experience in technique, especially practice in detecting delicate shades of color, (3) time. As to equipment, outside of the microscope which should be found in every physician's office, no elaborate or expensive apparatus is necessary, as the following list shows: Stomach tubes—large and small, glass beakers, test tubes, pipetts, buretts, reagents. All of these may be kept on a small table in the corner of the consulting room. In this line of work, as in every other, a beginning must be made, the first case undertaken and gone through with. This should be begun preferably under proper instruction and the manipulation should be gone through with a great many times until deftness is acquired. As to time, this is usually the chief difficulty. The busy practitioner "hasn't time, he says for such details." This is the key note to the situation. As a matter of fact it requires much less time than he imagines to go through the entire examination, from three-

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quarters to one hour being ample. Surely this is not a great deal of time to devote to such cases and the information obtained, whether conclusive or suggestive, certainly warrants its expenditure.

There can be no question that the best results in the class of cases referred to are obtained in hospital work, where there is every convenience and facility for carrying on investigation and enforcing the most careful regimen. So that wherever possible is it to the patient's interest to be treated in such institutions? But it is not possible to have well equipped laboratories in all cities of any size where the physician may have such examination made. Clinical methods play such a part in medical diagnosis that these laboratories are indispensible. They are very properly connected with hospitals and medical schools. One such institution, the workings of which I have seen, receives patients referred for diagnosis by physicians from all over the State. The examinations are made and the diagnosis together with suggestions as to treatment furnished the physician, who proceeds with the treatment at the patient's home. From time to time the case is re-examined and report of progress made. While not an ideal plan, this has some decided advantages to the institution, to the doctor and to the patient.

In conclusion:

(1). We must all agree that much carelessness still exists in the diagnosis of digestive disturbances.

(2). In practically all acute digestive disturbances and in some chronic conditions, especially where there is tendency to improvement, precise methods are not necessary.

(3). In constitutional diseases with Chronic Gastritis present, where successful treatment depends on nutrition rather than medical agents, accurate knowledge of the digesting capacity of the stomach is most helpful.

(4). In many cases of Chronic Gastritis rational therapeusis depends on the differentiation of the form of the disease present. In all chronic cases where cachexia is present careful gastric examination is indicated.

ROENTGEN RAYS IN MEDICINE.*

By J. D. GIBSON, M.D.,

BIRMINGHAM ALA.

The world was startled some few years ago when Prof. Roentgen announced the discovery of his wonderful ray, which he styled the X or unknown ray, and from that time until the present it has been an interesting field of experiment. At first it was known only for its

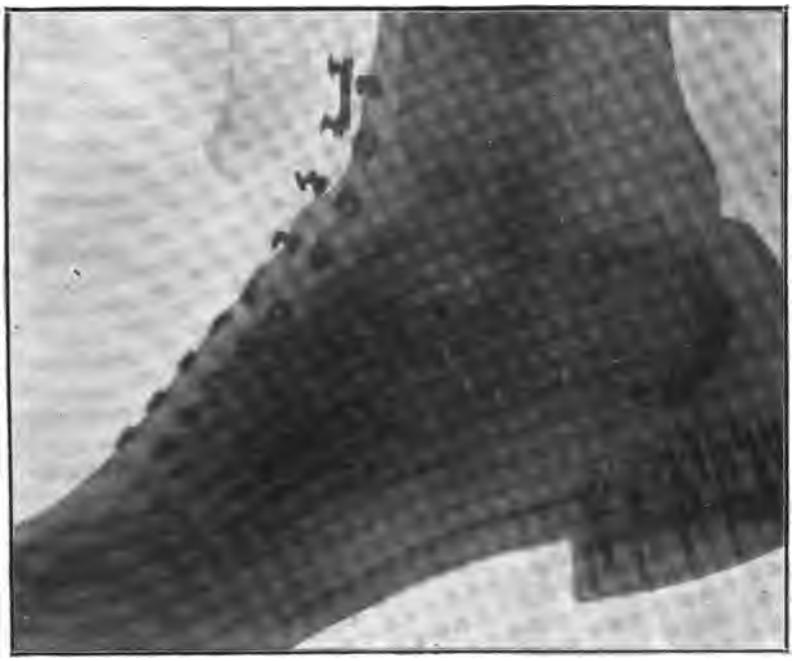
*Read before the Jefferson County Medical Society, March 11, 1902.

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penetrating radiance, while today the therapeutic proprieties of the ray bid fair to out strip in usefulness its photographic powers.

The luminous effects of the X ray is well known, but few physicians have had much experience with its therapeutic proprieties, which now to electro therapeutist is attracting great attention and is being rapidly developed.

The Flouroscope is easily and conveniently used and in the thinner parts of the body, as the hand, foot, arm, is of great service, but in the deeper portions of the body the skyagraph is to be preferred.



It is not always an easy matter to take a skyagraph that gives a correct impression of the tissues inspected.

In the first place, the operator must know the machine which generates the electric energy, its power and capacity.

He must also know the penetrating power of the tube he is using, that he may be able to calculate the distance and time of exposure necessary to fix a good image on the sensitive plate.

The placing of this sensitive plate and holding it in connection with the part to be photographed is a very important step in the procedure.

The measurement of distance must be made from the center of the

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anodal plate and it requires much patience and practice to be able to make them accurately, so as to give a correct impression of the tissues in the skyagraph.

There are many ways of taking these measurements and calculating your bearings in skyagraphy, some very simple and some complicated, yet exactness is hard to obtain.

Weigle, of Rochester, and Snow, of New York City, have each their especial method which are good, but perhaps the simplest methods to lay over the plate a piece of wire netting, and it is usually easy to locate the space in which the bullet shows up. This is probably the simplest method of all.

Time of exposure is varied by the penetrating quality of the ray, distance of the part from the tube, and the thickness of the part to be taken, varying from instantaneous work to one hour sittings or exposure.

Dr. L. A. Weigle, of Rochester, N. Y., has invented an X ray steroscope in which he uses two steroscopic negatives in a steroscopic frame, which, when properly illuminated, virtualy reconstitutes the object in space. It is reported in the Electrical Review that in the laboratory of the Bellview Hospital Medical College of New York, a special prepared tube is used "which displaces the silhuette with the steropticon by using two sources of X-rays in the specially prepared tube, designed for the purpose, the picture stands out distinctly with the intervening spaces of the object viewed."

We must always take into account the liability of burns in using Roentgen rays.

The cause of the burn in these cases furnishes a fruitful field of conjecture; Teslar thinks they are due to the Ozone which is produced in great quantity, others think it is due to electrization of the tissue.

Oudin, Kienbeck and Schraeter, a committee appointed by "La Societe Francaise D'Electrotherapie," claim it is due directly to the influence of the ray itself, as is almost definitely proven by the mysterious action of the rays of Becquerel which are given off by Polonium, Radium and Uranium, which produce the same kind of ray and burn as the Crooks Tube.

Kaiser claims by the use of red and blue glass for tubes he is able to avoid all danger from burns.

I show you a proof of a skyagraph taken of a very large, fleshy gentleman's chest, to locate a bullet, which shows very nicely where it has been lodged many years. If you notice the bullet seems very small; I account for this by the tube being unsteady, owing to jar of machine which had to be run at great speed. This I consider a very good result, when we consider the size of the man, skyagrahed. The bullet is seen

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just about the knitting needle. This proof, No. 2, I show you is that of a woman with acute tuberculosis, which shows the spotted condition of the lungs as is seen in these cases very well, and you are able to read with your eyes the condition of the lungs. There are many other conditions besides tuberculosis and fractures in which the X rays can aid us in diagnosing.

X-rays are extensively used now in the diagnosing of renal, urethral and vesical calculi. Many cases are now recorded where they were of great benefit in locating these stones.

They are useful also in aneurisms, osteo sarorma, in joint affections showing whether false or true anchylosis exists or whether a fracture extends into a joint or not, also by it we are able to map out a periostealurxa abscess.

This brings us to the consideration of the therapeutic effect of the rays of Roentgen, by far the most important part of its wonderful effects. In the various forms ofLupus of whatever severity it has established a firm place. In fact I might say it has no competitor in this condition unless it is the positive stattic brush discharge, which is much slower in result although much faster than the "Finsen Light." Greenleaf has pointed out that these cases heal much better before being subjected to any surgical procedures than afterwards.

Volumes might be written on the numerous cases of Sarcoma, Carcinoma, Epithelioma and Rodent ulcer that have been reported by various authors. In fact there is more investigation now going on in this line than any other.

I have one case under treatment now of Epithelioma of right forearm, and while it has had only a few treatments the pain is much relieved, was relieved after the first treatment. The enduration has almost entirely disappeared and the ulcer is about one-fourth as large as it was three weeks ago. The improvement in this case is absolutely marvelous. Dr. E. Jones at my request made a microscopic examination of a specimen for me. In this case I first made an exposure at a distance of four inches for five minutes; this brought about such reaction and chills that she could stand the treatment only every three or four days, so I increased the distance from tube to 12 in.

In Epithelioma you want a tube with a low vacuum. In internol cancers you wish a tube with a very high vacuum.

Sequira has treated 45 cases of rodent ulcer with most encouraging results. Beck reports one success in a case of melano sarcoma, but patient died from metastatic recurrence.

Allen, of New York, has had considerable experience in treating malignant growth by means of the X ray, and speaks very highly of it. He uses a strong solution of methyline blue painted over the

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surface of growth; he thinks it lessens the chances of a burn, and also increases efficacy of the ray.

Williams, of Boston, and Pussey, of Chicago, have each quite a number of sarcomas and carcinomas treated by this means with unvarying success. Pussey also reports two cases of Hodgkins Disease in which the glandular enlargements were treated by exposure to the ray with marked benefit. Dr. Clarence E. Skinner, of New York, reports in the "Journal of Advanced Therapeutics" five cases of carcinomas and fibrocarcinomas occurring after hysterectomies, both in the abdominal cicatrix, and the vaginal cicatrix, complicating the bladder and the rectal walls, in which marvelous recoveries and improvements were made. All of these were absolutely hopeless as far as surgery was concerned.

The embryonic cells, which largely compose carcinomatous tissue are made up of unstable molecules and can readily be rearranged or destroyed. In the former case they assume a normal action once more. W. J. Morton says of the X ray: "Its influence for good and the healing of tissue is a positive fact which I have verified time and time again in my practice, ... but granting the deep action of the X-ray, and we must grant it, it yet remains to be seen if this especial action is one that restores a cancer tissue to a normal tissue. I do not believe from the evidence now before me in cases now under observation, that we can afford to ignore the new hope and the new facts lately presented.

In conclusion I will say I believe we are surely approaching a specific for this dread disease, and we will soon be able to say, "Thus far shalt thou go, and no further."

MEDICAL JURISPRUDENCE.*

By M. H. Collins, M.D.,

BIRMINGHAM, ALA.

Some persons who, like myself, are accustomed to speaking and writing on a great variety of subjects, are frequently appointed and more frequently prefer to exploit their views upon themes about which they know but little. This doubtless grows out of the fact that thereis a great public demand to be befuddled, and an ambition on the part of a few of us to assist in the befuddling. I frequently find myself belonging to both o fthese classes, and by way of comparison a kind of Dr. Jekyll and Mr. Hyde. On this occasion and on the subject I shall treat, I am technically one of the mystified, while truly and really I appear before you as one of the mystifiers.

*Read before the Jefferson County Medical Society, March 11, 1902,

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We seldom learn anything except from books and experience, and as my experience in medical jurisprudence has been, happily for me, quite limited, you will pardon me for taking at least the definition of my subject from the books. We are told that it includes all subjects concerning which members of the legal and medical professions may seek information from one another, each acting in his professional capacity, and of course relates to medical law and the application of medical, surgical and obstetrical knowledge for the purposes of legal trials.

Medical jurisprudence is the only field in which lawyers and doctors work together, and there is a general rumor abroad that the lawyers get the best grazing. The fact is, any clear-sighted, level-headed doctor can plainly see and easily understand the inscriptions carved on the gateway to that particular professional arena, and if any of my hearers have never passed that way, let me tell you that on one of the columns is written: "Fools rush in where angels fear to tread," while on the other appears that prophetic warning, "He who enters here leaves hope behind."

I could not be reasonably expected to give you a learned dissertation upon my subject or expose to your critical minds the intricacies of medico-legal science. Such an effort would reflect no credit on me, and notwithstanding this is a free lecture I am quite sure that the intricacies of this subject are considered by most of us as useless as an overcoat in the torrid zone or a yard dog at a camp-meeting. Therefore, that I may be praised for my good taste, and you entertained according to your several capacities, I shall content myself with merely recalling to your minds the manner in which the doctor participates in the practice, the pleasure and the profits of this wonderful science.

In the general practice the physician does and sees much to elevate his feelings and develop his better nature. When he visits the home of his patient stricken down by disease, and quietly and unassumingly puts his professional skill against the work of the grim destroyer, moves about his work with watchful care and tender sympathy, and wins the grateful confidence of those who regard him as almost superhuman, he feels a sense of satisfaction that no words can well express; and if it should so happen that his patient dies he is not always chided and demeaned and criticized. He feels that he has done his best. He is not put upon the stand and under oath and the stern gaze of lawyers, judge and jury made to disclose the record of the case, the remedy administered and the progress of the disease. No professional relationship in life may grow so strong and sacred as that between the family and its physician. He sits beside the couch when the child is born. He smooths the jagged edges of its colic, and cuts the aching, burning gums when the teeth are coming through. He studies the physical ten-

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dencies and predispositions, and as the child grows up he becomes its confidant and friend as well as his physician. These are delightful experiences to the active practitioner, and when he gets old they are pleasant recollections. But how different it is when called from his regular work to "graze in the pasture of medical jurisprudence," yoked up with a lot of unsympathetic and designing questioners who "don't know beans when the bag is untied," and who have no more mercy than a hungry wolf or a pirate captain.

I don't mind working in harness with other folks as long as I can get comfortable and decent treatment, I've no objection to coming in contact with an insurance agent in the examination of applicants for insurance so long as he permits me the free use of my professional judgments and shows a willingness for fair play. Many of us have at some time in our practice stood side by side with a minister of the gospel as he spoke words of Christian hope and spiritual comfort to those for whose physical recovery we have vainly used our best efforts. Such times and scenes and associations, however sad, have been ennobling; but when it comes to figuring with Medical Jurisprudence, confronting an impudent, insolent lawyer, who proves conclusively the truth of the old saying, "That any fool can ask questions," and makes you prove that "It takes a wise man to answer them," Good Lord, deliver us! If the rules of court and the customs of lawyers would allow a fellow to tell what he knows and stop, those of us who know so much would have an opportunity to achieve fame, while those of us who know so little would be spared much unenviable notoriety. When I think of how a simpleton who never studied anatomy or surgery or toxicology twenty-four hours in his life can take advantage of his privilege and make an able and learned physician squirm like a trodden worm and sweat like a nigger at an election, I turn away from this whole medical expert business with the same dreadful fear that seizes one fleeing from "plague, pestilence or famine." Some folks whose chief trouble is above their ears may think that a doctor is greatly dignified when he gets messed up with the average expert lawyer. I emphatically do not. The law is an honorable profession, and has many honorable members, but to be compelled to keep court house company with some of them—to be coupled up with one of these smart Aleck expert fellows who seeks under the shelter the law gives him to humiliate an honorable, high-minded, capable witness, reminds me of an anecdote I heard a friend of mine tell: "An uppish young writer unknown to the literary world, wrote a drama in which he thought there was much ingenuity and merit. Thinking to make a great hit and a big fortune, he wrote to a celebrated writer and proposed to him that if he would look over it and join with him in its authorship he would divide honors and

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profits with him. The learned writer was so dazed by the gall and effrontery of this literary upstart that he returned the manuscript with this line: "How dare you couple a horse with an ass?"

However distasteful it may be to the physician and surgeon to be coaxed on one side and batter-whanged on the other in a legal trial in which he has no interest, it very frequently becomes necessary for him to air his knowledge or lack of knowledge concerning the many subjects embraced in Medical Jurisprudence, and on the preponderance of expert testimony often hangs the verdict of a jury which may take from a defendant his life or his liberty or deprive him of his worldly possessions.

Many cases arise in the courts where, if a just and righteous verdict is rendered, it must be done upon the testimony of our profession.

We take a glance into one court house, and in the prisoners' dock we see a man charged with criminal assault,while in the witness stand we see the expert witness, who, if he has a keen sense of his importance and precarious situation, looks and feels as solemn as a "donkey in a graveyard."

In another temple of justice we see in progress the trial of a will case, involving, it may be, thousands of dollars. The attorneys on one side are contending that the party who made the will was of sound mind and disposing memory, while their opponents are insisting that the poor fellow, whose doctor let him die, didn't have sense enough to make intelligent disposition of his property. Experts are led in "like lambs to the slaughter," to testify on the subject of insanity in general and nothing in particular, and after the cross-examination it is sometimes a debatable question as to which is the best off, the man in his grave or the expert witness, and that, too, without regard to the temperature of the climate.

Sometimes, although such cases are rare, we find a member of our own profession who in the presence of a jury of his country must establish his innocence against a charge of criminal abortion, or, like a "whipped slave driven to the quarry," must spend years in hard labor or confinement, with the stamp of a felon on his character, stripped of his personal honor and professional standing. In cases of this kind the role of expert witness is particularly trying and difficult. These are only a few of countless instances where the physician is required, under the solemn sanctity of an oath to testify, and after he has done the best he can, upon his conscience, he is often designated and denounced as a quack, a partisan or a pill driver, by attorneys on one side or the other, who more than apt are chiefly famous for their attenuated brains and amplified voices. No profession is so freely attacked, criticized and ridiculed as is ours in cases similar to those stated, and all other pro-

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fessions are, by the very nature of their surroundings, shielded from such unpleasant predicaments.

It has been said a doctor buries his mistakes, while a lawyer's errors are hung up by the neck until they are dead in full view of the public eye. This witticism is not true, and especially is it false when we consider the realm of Medical Jurisprudence. Whenever a case arises in which a knowledge of toxicology is necessary, the attorneys cram, and cram, and cram on the classifications of poisons, their effect on the alimentary canal, the stomach, the kidneys, the bladder, the heart, etc., already in possession with the facts connected with the case,, the ante-mortem symptoms and the post-mortem appearances, they studiously prepare "catch-questions," and "supposable cases" for the purpose of "downing" the expert witness to be introduced by the opposing side, rather than to ascertain the truth regardless of consequences.

It sometimes occurs that on account of a real or imagined wrong a suit for damages is brought against a physician for alleged mal practice, and history shows that the ablest and most conscientious practitioners are not always exempt from these attempts to besmirch their reputations and tread on their pocket-books. In such a case, the plaintiff's attorney, even though he be a "jackleg," can lay his plans and propound his problems so as to discount the honest statements of expert witnesses before a jury trying the case.

These things being true, these disadvantages resting upon doctors when called to occupy the expert witness stand, make it necessary that we observe extreme caution. The position is not only an unprofitable one, but most generally a thankless job. I don't know but in some instances a physician would be justifiable in professing ignorance just as most schoolboys would rather sit on the dunce stool than catch "blue ginger" under the jacket.

A certain very shrewd lawyer, in a bantering way, asked a country doctor what he would do if he should cross-examine him in a poison case soon to be tried. The doctor said he would do like Lucy Long did Judge Pinson. It seems the judge was a lecherous old gentleman, and quite vigorous in more ways than one. Wherever he went over the circuit his fame had preceded him. On one occasion he was going from one court house to another when he met in a lonely spot a solitary woman carrying a lot of turnips in her arms. Seeing that she was of likely build and somewhat comely in appearance, the old judge reined in his horse and said, "Good morning, Madam." "Good morning," she replied. "How far is it to cat town?" he inquired. "Ten miles, sir," she said. "How far to the next house?" "Two miles, sir," said she. And then the judge began in his seductive way to persuade her to do wrong. She steadfastly refused, until, thinking to change the subject,

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she asked, "What might be your name?" "This is Judge Pinson." Lucy Long raised her voice in astonishment and exclaimed: "Why, law sakes, is this Judge Pinson?" and then realizing the hopelessness of her situation, with a sad smile and composed voice she said, "Well, I declare, Judge, just wait till I lay down my turnips."

But a complete surrender or a disinclination to bandy words with the examiner would not be advisable in all cases. The wisest lawyer, the ablest judge, the most conscientious and fair-minded jury are helpless in the administration of medical law without the aid of the doctors, and many cases where mysteries surrounding them can only be unlocked and explained by the expert physician.

This being true, we ought to be able to devise some method by which we, who may be called upon to shed light where much darkness is, can be compensated. I say, if it is feasible, the expert physician ought to be made to feel that he is properly remunerated, not only for the irksomeness of the situation, but for the light he sheds, and I would be entirely willing that he be paid, as gas and electric companies are, according to the amount of light furnished.

But levity aside. In this section of the country, rapidly filling up with machinery of every description, and people of every physical and moral cast, we can naturally expect an ever increasing number of cases in which medical expert testimony will be needed and demanded. We can proudly say that our profession has kept pace with the steady and gradual onward march made by the various interests, enterprises and profession. As to general or special practice of medicine or surgery we can furnish individual members who possess skill adequate for every general case, but I doubt if we have very many who have taken special interest in this particular subject. I suggest, therefore, that, if we can occasionally spare a few moments from our mad and successful pursuit of wealth, we use them in learning enough about medico-legal science, and its proper and practical application, to at least protect ourselves against imposition and criticism.

REPORT OF CASE.*

By R. C. Bankston, M.D.,

BIRMINGHAM, ALA.

On Jan. 11, 1902, I was called to a case of labor, which was of peculiar interest to me, as I had never seen, nor heard of a case anyways similar. The history and circumstances are about as follows: The case—Primipara. The husband engaged me in October, 1901, to attend

*Read before the Jefferson County Medical Society.

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his wife, saying she expected confinement in November. She had menstruated last in February, 1901, and at time he came to me there had been shown no features unusual to such condition. I made a note of the fact that he would call me probably in November, when needed, and dismissed the matter from thought. On morning of Jan. 11, 1902, I was called to the case. Upon recalling the circumstances I concluded that he had made a mistake in time, etc., when he had seen me in October, previous. On going to the house and making an examination, I found the woman had been in bed for more than two months, not being able to go about as the uterus was so enormously distended. The fundus extended to the ensiform. The frontal distension was proportionate, she even requiring assistance to turn over. Upon interrogating her, she claimed that she might be overtime, but an old granny had told her it was all right. Her moans were incessant, and complaint of being in "great misery" as she expressed it, were constant. As it was demanded by the distension, I proposed immediate labor and inserted my finger into the cervix to dilate it, hoping to have membranes protrude, for puncture. A dark grumous fluid escaped; I gave 10 grs. quinine and used chloroform and soon dilated cervix sufficiently to bring on the child. The escaping fluid which evidently was the product of hemorrhage and amniotic, which had not been absorbed, was very offensive. I soon stretched the cervix, and the child came away, followed at once by the placenta which had evidently been detached for several weeks, being a hard mass. The child was a well developed male, and would weigh possibly eight or nine pounds; it showed partial maceration, and softening, having been dead some time.

Examination of the woman disclosed another child to come, and, in about half an hour a live girl baby of about seven pounds weight was born under usual conditions. This baby was strong and vital and is doing well now, after two months. The last child being fully matured and the first being macerated was interesting to me.

My conclusion is, that the dead child was conceived at the time when they supposed that pregnancy had occurred, eleven months prior to labor, the other being conceived about two months later.

The undeveloped condition of the second child, acted inhibitively on expulsion of the first, though it did not prevent detachment of the placenta at its maturity, which evidently occurred at time that she went to bed, two months prior to delivery.

During the weeks in bed the detached babe was being macerated in its Liquor Amnii, and the other babe was being developed to maturity. The counteracting forces, balancing each other so nicely as to nullify any desire of nature to expel the dead babe.

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THE TUBERCULAR DIATHESIS.*

By E. O. WILLIAMSON, M.D.,

GURLEY, ALA.

In writing a paper embracing only one feature of Tuberculosis, I do so that we may confine ourselves to some limits in our discussion, that we may be able to more fully bring out the discussion along the one line of thought; for to write a paper upon the general history, including the etiology, symptomatology and treatment of Tuberculosis and discuss it from that standpoint, would about consume all the time that this meeting would have during its entire session.

There are two kinds or varieties of the Tubercular diathesis, the inherited and acquired. I will define the Tubercular diathesis as that condition of our cell structure when vital resistance is not up to the normal, or that condition of our bodies that gives favorable soil to the development of Kock's bacillus of Tuberculosis, and as I have already stated, there are two varieties, inherited and acquired. That there is an inherited cell structure that has not the resisting powers to prevent the bacillus of Tuberculosis from developing is quite certain. We find in man that the cellular structure of our body so made and woven by the great Creator of worlds, that mankind has to a very great extent when he follows the laws and plans and rules of the great Doctor of Nature, that he is on most all occasions able to resist disease and keep himself immune from Tuberculosis, and was it not for immunity or vital resistance that we possess in our own cellular structure we would all have Tuberculosis and we would soon be a nation of consumptives; but in man we find the great lymphatic glands and the phogocytes ready to offer a battle and a mighty warfare against this invading organism of Kocks who invades our living structure and there begins his proliferation that soon results in coagulated necrosis and death of the tissue involved; not until this lymphatic and phogocytic influence is overcome do we succumb to the ravages of Tuberculosis. Now what constitutes this weakened condition that we call the Tubercular diathesis that causes us to so easily succumb to the deadly effect of Kocks bacillus? Does it very often develop in those who live an out door life with Nature, in all her beauty and the purity of her winds, among the sweet smell of jasmine's perfume, and when we breathe the pure, fresh air direct from the bosom of Nature in her bounteous harvest? Nay; verily Tubercuolsis is specifically a house disease, a disease of the city rather than the country; a disease of the shade rather than the sunshine. To use a vulgar expression, the nearer

*Read on February 11, 1902, at Tennessee Valley Medical Association at Huntsville, Alabama.

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a man lives the life of a goat in the mountains and in the plains, in the sunshine, the greatest of all antiseptics, an antiseptic that will render any germ free from deleterious effects, the less likely is the individual to have Tuberculosis. So when the Tubercular bacillus invades our living tissues and finds there a favorable soil for his development, he begins to develop slowly in the great majority of cases, but surely; until like the jailor who handcuffs his prisoner, he has us in his most powerful grasp, and he shows no signs of being a coward, for he holds his ground with bull-dog tenacity and accepts no compromise. This weakened condition to succumb to Tuberculosis may have for its production quite a variety of causes. That the offspring of parents who are diseased with Tuberculosis are very susceptible to the invading organism of Kocks is quite a settled fact. For ages back we have had completely demonstrated to us that when the father or mother has Tuberculosis, the offspring is very likely to have Tuberculosis, or rather what our older writers called inherited Tuberculosis; but in the opinion of the writer there is no such thing as inherited Tuberculosis, for children born of Tubercular parents do not inherit a peculiar cell structure that is peculiar for its non-resisting power to Tuberculosis any more than children born to parents who are suffering from any other anaemic condition other than Tuberculosis, and I believe that those children who have been born with Tuberculosis have become infected through placental circulation, simply because their inherent resistance to disease was weakened, for the child in utero depends very much indeed upon the physical condition of the mother for its nourishment, and any deterioration from the normal standard of health of the mother will produce the same effect upon the child in utero, for it takes from the circulation of the mother through its vellious absorbtion, nutrition, and makes blood and cellular structure of its own, and there is certainly no reason to expect it to be different from the source from which it is taken. Hence a child born under these conditions is a splendid ground for the development of Tuberculosis; hence we may very often see when mother is affected with Tuberculosis we find child becomes affected, and the only escape for the individual born under the Tubercular condition is to render itself immune by building upon its already weakened cell-structure pillars of strength that will make it grow stronger, increase its resisting power to disease. This condition can be only brought about by accepting the remedies that have been given us from the Creator, that of good hygienic surroundings in the open air by the necessary amount of exercise and by that greatest of all remedies for the prevention of Tuberculosis, those of sunshine. It is quite within the range of possibility to take a child born of physically weak parents to grow strong

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under proper surroundings, and be able to resist the constant invasion of Kock's bacillus; but of course it is a much easier task for us to take a child of strong, inherited cell structure and make it still stronger than one born physically weak. That the peculiar cell structure of father and mother is inherited the same as color of hair and eyes and disposition is also quite certain, but that there is no peculiar cell structure that succumbs easily to Tuberculosis except weakened cell structure, is to my mind quite certain; for Tuberculosis is an infectious disease that will develop anywhere and in any place in the human organism that he finds favorable for his growth and multiplication, and the Tubercular bacillus is no respector of family history of its victim, but weak and inherited constitution from mother in utero, and weakened inherited cell structure from the spermatzo of father is about all there is of scientific interest in family Tuberculosis. The child is more likely to suffer from the weakened condition of the mother that the father; for reasons quite apparent; for in the spermatzo of the father is about all the influence that father exerts upon child, and it is quite possible for woman to become pregnant by a weakened man, and if she be strong and vigorous, impart a great deal more vigor to her offspring and give birth to a large, vigorous child, to use a vulgar expression, all that father has to with child is to start it, while mother nourishes it and keeps it for good. Some of our scientists are wanting to solve the problem of Tuberculosis by having weak fathers marry strong mothers that the mother may impart vigor and strength to her offspring; but along the line of survival of the fittest this is poor science.

We now pass on to the acquired Tubercular diathesis. This condition does not come from the development of the child in utero, but may be acquired by anyone at any time, the strong as well as the weak, the robust and the vigorous, from any cause that weakens their vitality and makes his powers of resistance small will be a predisposing factor. The indoor life is one of these causes. Tuberculosis may affect a man who leads a sedentary life, while if the same individual was leading an active, out-door life, he would be immune to its ravages. Animals in their wild state are never known to have Tuberculosis, but when kept in cages away from their natural surroundings they are very prone to its development. The rays of sunshine keep us from developing Tuberculosis; not alone Tuberculosis, but a great many other diseases. This indoor life, breathing air contaminated by foul gases and irritants, thus poisoning our blood, the nutrition of our cells begins to suffer; hence a weak vitality established, a favorable soil for development of Tuberculosis. We see in the negro race a striking example of acquired Tubercular diathesis. This kind race of people, who are among us from

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not any fault of their own, but are here as the white man's burden, and right here I want to say I have nothing but sympathy for this poor, unfortunate people. Tuberculosis before the civil war was practically unknown among the negroes, but today he is succumbing to its deadly onset by the thousands, and in my opinion if not unchecked will entirely solve the race question by total annihilation. The reason the negroes have Tuberculosis is because they live in the poorest and ill-ventilated houses, with not enough of the food that makes blood, and he is simply incapacitated to govern himself, and freedom to him has been his greatest curse physically. Before the civil war he had plenty of good food, good clothes, good, well-ventilated houses and was made to stay at home and take care of himself. He developed a strong natural resistance to disease, but when free he gives himself up to every abuse and he has now begun to reap his harvest. The future of the negro is indeed quite sad and melancholic, and foresee in the future the total destruction of him as a race. Any acute disease that lowers a man's vitality is a predisposing cause to the Tubercular diathesis, especially so of catarrhal diseases of respiratory tract whereby they shed their epithelium and furnish an inviting soil for Tuberculosis. Working in mines and grinders in some of our big iron works are predisposing factors in the development of Tuberculosis, constant irritation weakening the vital structure of the lungs, rendering them easily infected. But, gentlemen, no matter what your occupation, what your environment, there will be no Tuberculosis if you are not exposed to the germs of Tuberculosis. Now in conclusion let me make somewhat a summary of my paper.

1. Two kinds of Tubercular diathesis, hereditary and acquired.

2. There is no inherited Tuberculosis direct from mother and father to child at time of impregnation.

3. That children born with Tuberculosis are infected through the placental circulation, and cannot properly be claimed to be hereditary Tuberculosis.

4. That any man may at any time become the victim of Tuberculosis by disease that renders him not immune.

5. That our only safety lies in immunity by strong resisting powers, and that this resisting power has to be obtained by observing good hygienic and sanitary laws and not by medicines.

6. That sunshine is our greatest blessing toward the prevention of Tuberculosis by its specific effects upon all germs.

7. That the negro race is in danger of complete annihilation by Tuberculosis.

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GONORRHOEAL RHEUMATISM.

By J. DOUGLAS WESTERVELT, M.D.,

SHREVEPORT, LA.

The etiology of this disease has for many years given rise to much discussion without adding any reliable information on the subject under investigation.

The disease is recognized by many able writers as a toxemic effect of the gonococcus upon the general system, either by its presence in the circulation or that of the toxins of this micro-organism. They maintain that the specific urethritis is the local manifestation of the micro-organism, and the accompanying arthritis is a localized product of a general infection. They go so far as to claim that the synovitis is in no way related to rheumatism, and even discard the name under which the disease is generally known, calling it gonorrhoeal arthritis instead of gonorrhoeal rheumatism. The reasons set forth for such views are that the articular inflammation concurring with gonorrhoeal urethritis is different from that of ordinary rheumatism. These writers seem to ignore what is universally conceded, that the clinical features of a mixed disease are entirely different from the typical features of the diseases forming the complication. The fact that an articular inflammation associated with gonorrhoea is dissimilar to an ordinary synovitis, furnishes no grounds for believing that these conditions have no inter-relation. It is claimed by these authorities that gonorrhoeal urethritis causes the articular disease and yet they cannot explain its mode of actions in producing the two forms of inflammation. If the pyaemic theory is accepted why are the joints alone involved? Why are not the other tissues invaded? Why is the arthritis sometimes non-articular and sometimes polyarticular? Why should the large joints be more liable to invasion than the small joints, and why is the knee joint so much more frequently involved than others? A general pyaemic infection should not be so restricted in its operations. It is claimed in behalf of the pyaemic theory that gonorrhoeal arthritis does not require for its production the usual exciting causes which invite rheumatic attacks; but can anyone name any special exciting causes which invariably give rise to rheumatism? Gonorrhoeal rheumatism occurs most frequently in the early part of middle life, so does rheumatism. It occurs more frequently in males than females, this is also the case with rheumatism. Gonorrhoeal rheumatism occurs in only 2 per cent. of gonorrhoeal cases. If the gonococci or their toxins provoke the articular inflammation, it seems strange that they do so in only one or two cases out of a hundred of gonorrhoeal urethritis. According to the testimony of many trustworthy observers the same forms of articular inflammation have been known to accompany urethritis not produced by the gonococcus. This weakens the theory of pyaemic infection and

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strengthens the contention by many writers of concurrent rheumatic disease as a dominating factor.

Furthermore, it is very rare to find pyaemia or septicaemia resulting from inflammation of mucous membranes, and if it should, other contiguous structures would be likely to suffer as well as the joints.

Is it possible that gonorrhoeal pyaemia will produce gonorrhoeal rheumatism, and at the same time never cause pyaemic disease in any neighboring tissues or organs? It is true that the pyaemic theory is now more generally accepted than any other, but the clinical evidence upon which it rests will not bear a critical examination. It would seem in the absence of any positive evidence to support the theory of pyaemia, accidental rheumatism as an intercurrent complication would be a logical inference in the determination of factors in gonorrhoeal arthritis. There is much more evidence in favor of this theory than that of pyaemia, but the tendency of most writers to reason from the standpoint of an unwarrantable bias leads them to ignore every argument which refutes the theory of gonorrhoeal inflammation. They claim that the gonococcus has been found in these inflammatory lesions, but they overlook the fact that in the majority of cases it has not been found, and furthermore, its presence does not prove that it causes the lesion. The writer does not claim that all cases of arthritis in gonorrhoeal disease are rheumatic nor that the gonococcus never exerts any provocative influence over the arthritic inflammation. The main contention of this paper is, that the variegated clinical history of rheumatism shows that it is a potent factor in many localized lesions, and there is no justification in a sweeping denial of its relationship to gonorrhoeal arthritis. The symptoms of gonorrhoeal rheumatism during the course of gonorrhoeal urethritis, are, a sense of uneasiness, aching, stiffness and lancinating pain in one or several of the joints. The knee is oftener involved than any other articulation, especially the left knee. Other joints may become consecutively or simultaneously involved. The articular inflammation usually develops in the later stages of gonorrhoea, and often after the urethral discharge has almost entirely ceased. The articular symptoms arise gradually without any alteration in the external appearance of the joint. As long as the affected part is at rest there is not apt to be much pain, but the least movement provokes it at once. The inflammatory process is of a sub-acute type and it never announces its advent with a chill as generally happens in pyaemic attacks. When the inflammatory attack reaches its culminating point the joint may become distended and give rise to considerable effusion. The articular inflammation may run an indefinite course and last weeks or months.

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In these cases if the effusion is of a fibrinous character anchylosis may result. In the treatment of this disease we must not lose sight of the fact that we have to deal with a mixed form of disease. We have the gonorrhoeal element confronting us, and we also probably have a rheumatic element to claim our attention. Besides these conditions we may also be required to treat the general health of the patient. If there is a urethral discharge it must be treated. If there is a rheumatic condition it must be treated. If there is an impaired state of the health, this also must engage our attention. The local treatment of the articular inflammation will not differ materially from that of any inflammation of the joints. We must allay inflammation, stimulate absorption of effusion and restore normal functions of the articulation. There are many methods of accomplishing these objects. For the urethritis we may resort to instillations of Permanganate of Potash, with the internal administration of Cordial of Cod Liver Oil Compounds (Hagee), with five grain of Iodide of potassium to each tablespoonful of this preparation. A tablespoonful to be given four times a day after meals and at bed time. The iodide of potassium may be increased or diminished according to the requirements of the particular case. This disease with its painful accompaniments has a de pressing effect on the vital processes, and rapidly impairs nutrition. The iodide of pottassium removes the cause of the pain by its eliminating properties, and the Cordial of Cod Liver Oil Compound im proves nutrition, tones up the nervous system and by regulating the kidneys allays the acridity of the urine. With such a constitutional corrective, and suitable diet, and mild antiseptic injections or irriga tions this disease is readily subdued. Besides the general restorative action of the above remedy, this directly increases the excretion of urine and uric acid and renders the urine less irritating to the inflamed mucous membrane of the urethra. This preparation is therefore intended to meet both the rheumatic and gonorrhoeal conditions of this troublesome disease.

It is palatable and efficient in the doses named. A tablespoonful after each meal and at bed time being the average quantity required for successful results.

REPORT OF HEALTH OFFICER OF JEFFERSON COUNTY.

By J. M. Mason, M.D.

Birmingham, Ala., Feb. 10, 1902.

To the Jefferson County Board of Health, Birmingham, Ala.

Gentlemen: I have the honor of submitting to you my annual report for the year 1901. You will find on exhibit A the birth and death rates

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EXHIBIT A.

Table showing birth and death rates, for the county of Jefferson, 1901. Population upon which calculations are based: Total, 140,420.

	BIRTHS.						DEATHS:					
	Total	Rate Per 1,000	White	Rate Per 1,000	Colored	Rate Per 1,000	Total	Rate Per 1,000	White	Rate Per 1,000	Colored	Rate Per 1,000
Birmingham.....24,147 white " 14,268 col'd	910	23.6	551	22.8	359	25.1	1009	26.2	450	18.6	559	39.1
Beats.....53,000 white " 27,394 col'd	1284	15.9	931	17.5	353	12.8	745	9.2	339	6.4	406	14.8
Avondale..... 2,065 white " 995 col'd	102	33.3	73	35.3	29	29.1	62	20.2	40	19.3	22	22.1
Bessemer..... 3,525 white " 2,833 col'd	74	11.6	41	11.6	33	11.6	120	18.9	48	13.6	72	25.4
East Lake..... 1,350 white " " 650 col'd	15	7.5	13	9.7	2	3.	11	5.5	8	5.9	3	4.6
Ensley 1,100 white " 1,000 col'd	31	14.7	10	9.09	21	21.	56	26.6	28	25 5	28	28.
Pratt City..... 1,835 white " " 1,650 col'd	112	32.1	96	52.3	16	9.7	41	11.7	21	11.4	20	12.1
Trussville 500 white " 242 col'd	5	6.7	5	10.	—	—	—	—	—	—	—	—
Warrior 650 white " 368 col'd	11	10.8	9	13.8	2	5.4	2	1.9	2	3.	—	—
Woodlawn..... 2,280 white " 568 col'd	28	9.8	27	11 8	1	1.7	49	17.2	40	17.5	9	15.84
Coalburg-Prison 26 white " " 477 col'd	—	—	—	—	—	—	42	83.5	2	76.9	40	83.8
Pratt-Prison 50 white " " 689 col'd	—	—	—	—	—	—	36	48.7	3	60.	33	47.8$_9$

of the different towns and beats in the county. Exhibit B shows the

EXHIBIT B.

Infectious diseases, Birmingham, 1901.

	Scarlet Fever			Diphtheria			Smallpox		
	White	Blk.	Total	White	Blk.	Total	White	Blk.	Tota
January	3	0	3	4	0	4	0	0	0
February	6	0	6	7	0	7	3	3	6
March	8	0	8	6	0	6	0	10	10
April	6	0	6	9	0	9	1	4	5
May	11	0	11	5	0	5	1	3	4
June	8	0	8	3	0	3	0	0	0
July	24	1	25	1	0	1	0	0	0
August	34	2	36	4	1	5	0	0	0
September	29	7	36	3	1	4	0	0	0
October	25	6	31	5	1	6	0	0	0
November	16	3	19	5	1	6	0	0	0
December	13	1	14	1	0	1	0	1	1
Total	183	20	203	53	4	57	5	21	26
Deaths			13			5			0
Percentage Mortality...			5.9			8.59			0

infectious diseases reported each month in the city, together with the rate of mortality. Exhibit C shows the record of infectious diseases

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EXHIBIT C.

Infectious diseases in county, 1901.

	Scarlet Fever		Diphtheria		At Home Smallpox		Admissions* Smallpox Hospital			
	Cases	Deaths	Cases	Deaths	Cases	Deaths	White	Black	Total	Deaths
January	1	0	1	0	4	0	0	23	23	1
February	7	1	2	0	4	1	3	41	44	3
March	8	0	0	0	5	0	1	29	30	1
April	3	0	0	0	11	0	4	29	33	2
May	4	0	0	0	4	1	4	22	26	0
June	0	1	0	0	1	0	0	5	5	0
July	12	4	0	0	0	0	0	4	4	0
August	17	2	1	1	0	0	0	1	1	0
September	15	6	2	1	0	0	0	0	0	0
October	30	0	2	0	0	0	0	1	1	0
November	3	0	0	0	0	0	0	0	0	0
December	5	0	6	2	0	0	0	3	3	0
Total	105	14	14	4	29	2	12	158	170	7

reported in the country, together with the record of admissions and deaths at the smallpox hospital. In addition to the cases tabulated on exhibit C, the City of Bessemer reported five deaths from Scarlet Fever, Pratt City reported three deaths from Scarlet Fever and one death from Diphtheria. The total number of cases at these two points has never been reported to my office. At Connellsville about forty cases of Small-pox occurred, which were attended by the local physicians and were quarantined by Mr. L. King, who was specially employed for this purpose. There were no fatalities. Among the negroes, and at many remote places, there is reason to believe that cases of Small-pox and Scarlet Fever of mild type have occurred from time to time, of which the health authorities can get no information. Exhibit A shows a total of 1009 deaths in the City of Birmingham, which gives the annual death rate 26.2 per 1000. Some information as to the diseases which caused this high death rate may not be out of order. A glance at exhibit B will show that the infectious diseases reported to this office have caused but a small number of these deaths.

From Scarlet Fever there were 13 deaths; from Diphtheria there were 5 deaths; from Small-pox there were no deaths; from Typhoid Fever there were 38 deaths, while from Pneumonia and Broncho-pneumonia there were 180 deaths, and from Pulmonary and other forms of Tuberculosis there were 139 deaths.

From these two causes, Pneumonia and Tuberculosis, we have a total of 319 deaths, which is 31.6 per cent. of the total mortality. Together with the country at large, the city has been visited with an epidemic of Scarlet Fever, 203 cases having been reported to this office.

In order to prevent the spread of infectious diseases, the city has purchased the best obtainable Formaldehide Generator, and each house

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in which an infectious disease occurs, is thoroughly disinfected by the city sanitary inspectors before the placard is removed. Each case of infectious disease is also reported to the school authorities as soon as reported to this office, and in this way school children from infected homes are excluded from school. The pressing need for a City Bacteriologist is constantly felt, for without microscopic examinations in easy reach of all the physicians, many cases of mild Diphtheria are necessarily overlooked.

During the year, efforts looking to the purifying of our water supply have been undertaken, and there is every reason to believe thath these efforts will result in great and lasting improvements.

Very respectfully,

J. M. MASON, M.D.,
County Health Officer.

ANNUAL ADDRESS.

By Hon. John M. Caldwell.

(Delivered to the Graduating Class of the Birmingham Medical College, at the Jefferson Theatre, March 28, 1902.)

In response to an invitation from the faculty of your alma-mater, I am here to say a few words upon a subject or subjects of my own choosing.

It has been my task many times to address bodies of men who held in their hands the lives and liberties of fellow-beings who were in the custody and clutches of the law. Many of them had exceedingly bad cases, but all were innocent.

It has been my privilege many times to address conventions, and assemblages met for the purpose of discussing politics, general education, temperance, and various other matters of public interest and importance. In such few pensive hours as I have enjoyed there have come to me visions and dreams of this present moment. I have longed for such a time as this. I might say that amid the refined and praiseworthy ambitions of my life there has risen above them all, and yet checked and restrained through lack of opportunity, the desire to speak words of comfort, warning and encouragement to young men, who, bowing at the shrine of Esculapius, bringing as tribute there, concentrated and consecrated faculties, capabilities and fidelities, and strong, energetic natures, are equipped to run an honorable race with competitors and to wage a ceaseless warfare upon the ills of human flesh, under a banner bearing such strange devices as these: "One teaspoonful three times a day after each meal, one tablespoonful before meals in a little water. Must be shaken before taken."

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Admonitions as to over-lengthy and tedious talks, which one so often hears, and a proper conceit of the proprieties of this occasion, have constrained me to write you a short composition rather than risk an overvoluble tongue, uncurbed and encouraged by the chance and inspiration of these auspicious surroundings.

Indulge me in the remark that no one more than I could better appreciate this honor. No one more than I feels that deep sympathy and high respect for the worthy representatives of your chosen profession to which they are so fully entitled, and no one more than I has greater cause for gratitude to a doctor friend to whose patience, faithfulness and skill the debt of recovered health is due. These words should at once establish amicable relations between us this evening, and as the conversation will not probably get around to you just at this time, I take your kind, benevolent and cheerful expressions of countenance as a vindication of my suggestion, and shall proceed to give you some friendly advice. First let me remind you that you have all been little boys. You have felt the wealth of kisses and caresses so richly laden with a mother's love.

You have been described in letters to distant relatives, and in eloquent speech to friends of the family, as models in good looks and prodigies in precociousness.

You have been responsible for connection between tacks and paternal feet at the dead hours of night—for tired, sleepless eyes, and the worn-out mother's anxious days.

You have doubtless fallen off the porch, tumbled down stairs, or been nearly kissed to death by the neighbor women when you were little, because you were "just too sweet to live."

You have rocked the dog, terrorized the cat, broken out window panes, and I dare say developed an early and dangerous fondness for scissors and green fruit.

You have played truant at school, begged and cried for circus privilege, built air castles which had cigarettes for chimneys, and firecrackers for fuel, and have doubtless cherished the fond hope that some day you would become a policeman or railroad conductor.

You have caused your home folks fearful periods of distress on account of your hunting and fishing excursions prolonged after nightfall; have dealt more or less in the recreations and pastimes of parties and picnics, whose most delightful experience was a low, undertone conversation with a certain pretty girl, your love for whom could be most practically illustrated by the size of her father's oil, gas and coal bill.

You have had educational facilities, and the honors conferred this

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night show that you have utilized them, greatly to the pride and satisfaction of those whose lives touch yours in the ties of blood and intimacies of friendship.

I have recalled these scenes not so much to chide or amuse you as to show how much you have cost.

Hope, love, pride, care and needed help all appear like golden threads in the warp and filling of your past, and should be an inspiration to you tonight as you stand on the threshold of life's activities, for the world extends no cordial help to those who get neither comfort, counsel or warning from the past.

Graduated as you are from an institution so rapidly advancing in strength, popularity and usefulness, and having pursued your studies and acquired knowledge amid surroundings of such decided industrial and commercial bustle and activity, it would be strange if you failed to catch some of the spirit of energy that is thrilling the life and quickening the progress of a city which is destined to be unrivalled in the South in all the features of a great metropolis, and appropriate and apply it in the pursuit of your profession, for energy is a power of more universal application than the subtle force of electricity which has wrought miracles for the use and comfort of mankind. Energy is better than ability. It develops, strengthens and uses it.

Now for a little advice:

When you have located to practice your profession, get acquainted. I do not mean that you should take a quick census of the community, but get the names of those to whom you are introduced well fixed in your mind. This is a valuable suggestion. Men feel complimented that their names are remembered, while a stiff, formal "how d'ye do," is to some people actually irritating. You will very naturally feel more solicitous about your own patrons than others, and yet you should treat the patrons of other doctors with great civility. You need not say, "Are you all well?" in an inquiring way, but make the friendly declaration, "I trust your people are all well, sir." Such courtesies win respect and confidence. Take no part in feuds or factions. If people have private or personal grievances let them settle it. In such matters it is far better to be peace-makers than partisans, and as long as you can do so with honor to yourself and your profession, bottle your anger, for bottled wrath is better than broken bones.

Avoid gossip. It has been said that "gossip is a sort of smoke that comes from the dirty tobacco pipes of those who diffuse it; it proves naught but the bad taste of the smoker." Nothing so detracts from the dignity of a physician as regularly repairing to the rendezvous of loafers and gossipers for the purpose of indulging in small chat and finding

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out the latest scoops of the gossipers and scandal-mongers. One who occupies so close and sacred a relationship to the people of his community should be agreeable and affable in manner and speech, but always reserved and guarded when tale-tellers and tattlers are on the scout. Cultivate an utter disregard for unjust and unmerited criticism. The individual members of no class or calling among men are so frequently subjected to harsh criticism, ingratitude and blackmail as physicians, and sometimes these are countenanced and encouraged if not inspired, by nominal members of the fraternity, whose envy or enmity has been aroused. Such men shoot harmless darts, for they are easily recognized and properly estimated by the public mind as well as by the courts of the country. Avoid as far as possible the burden of expert testimony and if you should be compelled to such a task, do not appear to know too much, for while it is said:

"See one physician like a sculler plies,
The patient lingers, and by inches dies;
But two physicians, like a pair of oars,
Waft him more swiftly to the stygian shores."

It has also been said:

"For lawyers like the mill-stones grind
Whatever grist their clients mind,
And hapless he who gets between
If he too much has known or seen."

Eschew politics. You should not withhold your influence where questions of principle are involved, for physicians should at all times be the outspoken advocates of everything that pertains to just government; and especially should they espouse every cause which has for its object the promotion and conservation of health and good morals. There are certain subjects of legislation which demand the advocacy of wise and thoughtful doctors. But for the brain and persistency of the lamented Cochran, the present excellent system of laws controlling the practice of medicine and surgery in Alabama would have been delayed to a remoter period in the calendar of time and the incalculable benefits which have resulted both to the profession and the public, would have been correspondingly postponed. I mean to advise you to avoid mixing up with practical, scientific, conscienceless men who recognize no authority except the "ring," pays no allegiance except to the boss of the ward or precinct, and worships no god except the grand mogul of the office trust. Your calling is higher than that—infinitely so. However, if in the community or section where you shall locate,

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there should ever be a member of your profession whose gifts are so varied and whose talents are so versatile as to capacitate him as fully for one sphere as another, and the people should cry out with a loud voice that he should make the race for the high and honorable office of Lieutenant-Governor; remembering that vox populi is vox Dei, you might for the time being relax the general rule.

While I am certain that you have, from the able lectures to which you have intelligently listened, learned much of the theory of medicine, and by the clinics have had demonstrated to you some of the arts and mysteries of practice, realizing that a fair discussion of the various germ diseases would require upon my part the employment of so many uninterpretable technicalities and the unfolding of such startling mysteries, that I shall "cut all of that out." This I regret to do, but my reasons are good, and the time allotted to me is fast expiring. I shall, therefore, dismiss the matter by commending to you for future entertainment and profit, the careful and studious examination into the character and habits of bacteria, bacilli, germs, parasites, and animalculae of every known description, and would earnestly suggest for the sake of science and the good of mankind, that you join in the general search for all of those that have so far escaped detection. What we most need now is to catch all the germs—use some of them, counteract others, and kill all of the balance. With the germs properly harnessed and thoroughly understood, Birmingham and all other cities can enjoy the luxury of pure water. I understand that recently in this great city the medical fraternity, having achieved many signal victories along other lines, bravely determined to tackle water. I was rejoiced to hear it, but somewhat surprised to learn that they had concerned themselves about pure water for drinking purposes. They deserve Godspeed and encouragement.

And now by way of a little diversion, permit me to say something of the quack doctor. If I describe him you will be well warned.

A gentleman was standing by the cigar case in a drug store, a so-called doctor being near. The gentleman invited him to join in a cigar. The party whose name revelled in front of the self-assumed abbreviation of doctor of medicine replied, "I don't smoke, sir." The gentleman complained of feeling sick, designating his illness or describing his symptoms. This step son-in-law of Esculapius, with the eager expression of a hound dog in a fox chase, quickly turned to the gentleman and said, "Why, sir, I can Kiore you." He was an impudent quack.

The most dangerous specimen of the quack doctor is the one who adopts deceptive means and practices fraudulent but plausible arts to enhance his position and increase his patronage.

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He rides his horse like fury through the town or settlement on the false pretense that he has an urgent call. He whizzes around the corners and darts by the crowds and goes Gilpin down the road to an imaginary patient, and he doesn't care a fig who sees him as he creates all this commotion. He is always talking about the marvelous way in which he has reached some poor fellow just in time to snatch him from the grave. He attends church at times, and while the services are in progress feigns sleep so that his intimates may say that "the poor man is completely fagged out," and occasionally he has notes or messages sent to him in the sanctuary as an advertisement of the constant demands which are supposed to be made upon splendid skill.

He is too smart to abuse other doctors in a downright way, but damns them with faint praise or friendly fears. "He's always afraid that some young physician will fail, he's so young, and has had such bad luck to begin with. I am so sorry," "for some people might think it was lack of skill," and thus he attempts to scurrilize and vitriolize those who may stand in his way. His remedies some of them have been carefully guarded secrets inherited through several generations of an ancestry famous as physicians. He has little to say in favor of Medical Colleges, scorns books and high class learning and talks loudly about bedside sense and born doctors. Who but must grieve there are such quacks as he?

Young gentlemen, I trust your future fame shall rest more firmly than on such sands as those. Let your conduct fulfill the predictions which this occasion makes for your future course. Your minds at times will revert to this college which will soon erect a magnificent building of its own, and putting on its seven-league boots will join still more surely and swiftly in the race for eminence and usefulness; and to this city where so much has been done and is being done for the alleviation of sick and suffering humanity—a city justly proud of her St. Vincent's and Hillman Hospitals, her well appointed private infirmaries, her skillful surgeons, and her able physicians. You will also remember that your State has furnished men who have contributed ineffaceable embellishment and glory to Medical and Surgical science: that Marion Sims and John Wyeth have received unstinted praise from a continent of doctors for their successful achievements.

Let these reflections excite your pride as Alabamians and as doctors.

Wishing you great honors and success in all your endeavors, a reasonable portion of health and fortune, and advising you to marry a good looking, well-educated, sweet-tempered woman just as soon as possible I wave you bon voyage.

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VALEDICTORY ADDRESS.

By C. L. MURPHY, M.D.,

WALNUT GROVE, ALA.

Delivered at the Graduating Exercises of the Class of 1902, of the Birmingham Medical College, March 28th, 1902.

Honorable Dean, Gentlemen of the Faculty and Class, Ladies and Gentlemen:

It is with mixed feelings of contending emotions that we assume our places tonight in the program of the annual commencement of this college. Feelings of appreciation and gratitude to the faculty for the noble work they have done towards our professional training; feelings of sorrow at having to part from them, our collegemates, and friends; exultation and joy, because our labors are being rewarded by this recognition of our professional acquirements; bouyant with hope and expectation as we take the first step in the pathway of professional life, marked out for us by the hand of destiny.

Now, as the years of our medical training have been brought to a close, it seems meet and just that we should render unto those through whose instrumentality we have received so much, an expression of gratitude we feel in our hearts towards them for their patient and tireless efforts in our behalf through the years of toil that have passed.

With what painstaking care we have been shown and have observed the intricacies of human anatomy accompanied by beautiful and vivid description of the function of each minutest part. We have peered through the eyepiece of the microscope at the mysteries of nature as revealed in the lowest forms of organic life. With rapt attention have we listened to the lucid and eloquent discourses on the Science and Art of Medicine, while our attention has been forcibly directed to the tie that binds them in close relation to justice and law. With wonder and admiration, we have watched and assisted our skillful surgeons as they dexterously wielded the catlin and scalpel with such delicacy of touch and with a precision that makes no mistake. As we have been taught the pathological changes which brings an end to life, we have been inducted into the mysteries that mark its beginning. We have treaded the mystic maze of nervous disorders and phenomena, and with awing attention contemplated that wonderful organ of man which is the connecting link between mind and matter. In all departments of our course, this splendid faculty have been our trusted guides, and our attainments have been limited only by our capacities and application. May their future be as bright as their past has been useful, may even greater rewards crown their efforts in the great work which they

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are doing, and their pathway through life be as silver threads among the gold.

To the students of the other classes, we bid a kind and brotherly farewell. May success crown your efforts to establish a high standard of excellence for yourselves, your classmates and the college. As each succeeding class shall in turn be honored with an occasion like this, may each reflect credit and honor upon this noble institution which becomes our Alma Mater (of medicine).

It is perhaps not out of place here to call your attention to the Young men's Christian Association which we have organized in the college this session. To you its future is intrusted. Under your fostering care, may the success which has attended it thus far be perpetuated in each succeeding session. We are aware that the environment of a student of medicine is such that he is brought face to face with vice in its worst forms, and that the forces of evil are focused with more than usual intensity upon student life. We have been brought to realize the necessity of such an organization to maintain a higher standard of morality. Who of us has not felt the inspiration of our songs of praise and the kindly words of admonition and advice so generously and eloquently contributed by the ministry of the city. May this movement mark an epoch in the history of the college, and henceforth may the students be noted for their morality and good character as well as their qualification for the practice of medicine.

Fellow graduates, our college days are over. We stand tonight on the threshold of our professional life. The pleasing dreams and romantic fancies which may have attended us thus far must now give way to the stern realities of practical life. As we sever the ties that bind us together as students of medicine, we shall enlist in one of the noblest of professions. May we honor it with our knowledge, our character and our lives; so that when the sunset of our existence on earth shall come, we may look back upon a life well spent in the cause of humanity and our souls prepared as living stones in that spiritual building—that house not made with hands eternal and in the heavens.

To the citizens of Birmingham we bid a kind farewell, and in doing so we extend our thanks and appreciation for the reception we have received at your hands. To you who are surrounded by all that goes to make up a large and wonderful city, is intrusted in no small degree the future of this college. You should uphold by your means and influence this splendid faculty in their efforts to maintain the reputation and renown of this institution. And when Greater Birmingham shall become a reality, may this magnificent city be noted for its learning as well as for wealth, for culture as well as for industry, and when the

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new college buildings shall lift its lofty turrets on yonder beautiful site, may it be the Mecca of ambitious young men for unnumbered decades; the Parthenon of a new Athens in a modern world, whose fame shall be handed down through the cycles of time, bathed in the mellow light of a glorious past.

REMOVAL OF GUN POWDER STAINS.

By Dr. E. G. Corbett, Hampton, Fla.

(Published by The Medical World of Philadelphia, Pa., February, 1902.)

On Christmas day a boy of twelve filled a vaselin bottle with powder and exploded the same. I arrived on the scene about three hours after the accident and found the cornea and sclerotic of both eyes and the face literally blown full of powder. I removed a dozen or more flakes of powder from each cornea with a foreign spud; also removed the powder from the sclerotic. Did the operation under a four per cent. solution of cocain. After the operation I used a fifteen per cent. solution of Hydrozone in the eyes. After removing the particles of glass from the face, I kept a cloth over it saturated with a fifty per cent. solution of Hydrozone. At the end of two weeks I used a saturated solution of boric acid in the eyes and painted the face twice daily with equal parts of Hydrozone and glycerin. The eyes are well and powder stains have disappeared from the face.

THE VALUE OF SANMETTO IN SURGICAL OPERATIONS.

It is with pleasure that I attest the merits of Sanmetto, and I think my experience with the drug justifies all the good things I can say of it. I have used it very extensively, and especially do I find it valuable in allaying inflammation in the prostatic urethra before surgical operations, and in keeping the urine bland and non-irritating after the operation is complete. It always has a soothing and sedative effect upon the kidneys, bladder and urethra. I shall continue its use in all forms of genito-urinary irritation.

Chicago, Ill. Thomas P. Graham, M.D.

PHYSICIAN—Good location; desiring to move to city I offer a splendid location to a physician who will purchase my house and lot; nearest competition 6 miles; fine country; nice people; average cash collections for ten years, $2,242.55 per annum. For particulars address M. D., Sumterville, Ala.

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Selected Articles.

A THERAPEUTIC STUDY OF EPICARIN.

By JOHANN SZABOKY, M.D.

None of the numerous remedies recommended for the treatment of scabies can be regarded as ideal. Each and every one has the disadvantage of possessing some injurious by-effect. Wilkinson's ointment, sapo viridis, styrax, etc., soil the linen and have a disagreeable odor. Ointments of betanaphthol irritate the kidneys; balsam of Peru is too costly, and petroleum dangerous on account of the risk of fire. The ideal can only be attained by some remedy which produces a rapid effect, but without any irritating sequelae, which does not soil the clothing, and besides which is not too costly. Such a remedy has been claimed to be found in recent times in epicarin, concerning which a number of authors, including Kaposi, Siebert, Pfeiffenberger, Rillo, Kraus, and Ivanyi, have reported their observations.

Like some other experimenters I have tested epicarin not only in scabies, but also in those cases in which it seemed, in view of the chemical nature of the preparation, it would probably prove efficient. It is important that analysis of the urine made by different authors, with which my own tests agree, show that epicarin even when employed extensively for a long time, as for instance in cases of prurigo in children, does not injuriously affect the kidneys and does not tend to produce albuminuria.

Hence the field of indications of the drug seems to be much less limited than that of betanaphthol, for which reason we employed it not only in scabies and various mycotic affections of the skin, but also in eczema, prurigo, and pityriasis rosea. The fact that epicarin removes within a short time the itching so distressing in prurigo and scabies suggested its use in the treatment of pruritis senilis as well as universalis. We have not empolyed it in cases of psoriasis because several authors who tested it in this condition found it ineffective. Altogether I have employed epicarin in 115 cases, usually in a 10 or 20 per cent. ointment, and less frequently in a 10 or 20 per cent. alcoholic solution, while in a few instances of moist eczema I employed a 3 to 5 per cent. paste.

In general it can be said that under the application of an alcoholic solution of epicarin the skin becomes dry and rough, and that the effect is less prompt. Under the use of epicarin in the ointment form

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the skin becomes much softer and is not irritated. For this reason in cases of diffuse cutaneous affections the salve appears more suitable, while in localized diseases of the skin, such as pityriasis rosea, pityriasis versicolor and erythrasma, the alcoholic solution is to be preferred on account of its more convenient method of application. Very strong ointments with vaseline, 20 per cent., or alcoholic solutions can only be employed in cases where the lesions cover small areas, because if applied for a long time to large surfaces they readily give rise to inflammation of the skin. This does not take place from the use of a 10 per cent. solution, or only at points where folds of the skin come in contact. I have employed epicarin both in the strength of 10 and 20 per cent., and have rapidly arrested itching with one or two applications. In cases of parasitic origin the relief is permanent. In prurigo it persists for a considerable time, but in pruritus universalis it is usually only transient.

I have tested the remedy in 60 cases of scabies, using spirits of epicarin, 10 per cent., in 11 cases, and a 10 per cent. ointment in 49 cases. The patient usually took a bath before its use and put on clean underclothing, while the bedding was changed. The duration of the inunctions was ordinarily 10 minutes. In 8 of these 60 cases complications were present. These were manifested in four instances by a more marked diffusion of dermatitis accompanying the scabies, while in three cases an inflammation occurred in the cutaneous folds and in one instance folliculitis. These complications, however, disappeared very rapidly after the use of Lassar's paste or a 10 per cent. boracic acid and vaselin salve. In 52 cases a very prompt effect resulted from one to two inunctions, the itching disappearing completely and the eruptions on the average in 6.3 days with desquamation. Inasmuch as a 10 per cent. ointment produced irritating effects in 8.1 per cent. of the cases, while the 10 per cent. alcoholic solution caused these effects in 36.3 per cent., we are led to prefer the former.

For illustration I would report two cases with complications, and two in which a prompt cure resulted.

Case I. M. G. had suffered for a number of days with marked dermatitis and presented distinct traces of scabies. May 29th a 10 per cent. epicarin ointment was applied, which was kept up daily until June 7th. During this time the itching ceased, the eruptions diminished and the itch burrows desquamated. The skin of the scrotum still appeared somewhat red, fissured and painful, but on June 10th this had also entirely disappeared.

Case II. R. S. had been affected with scabies for a number of days. November 10th a 10 per cent. epicarin salve was applied. November 19th the distressing itching had disappeared. The eruptions looked

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paler, although some redness, papules, and pustules appeared around the hair follicles of the leg. This condition was treated with a 10 per cent. boric acid-vaselin salve, but persisted until the end of November. A 15 per cent. epicarin ointment was now used, and all traces of the scabies disappeared.

Case III. S. K. had suffered with scabies for a number of days, numerous itch-burrows being present. May 9th, inunctions of a 10 per cent. epicarin ointment. May 11th, the itching had subsided, and on the 13th the burrows were exfoliated, and a cure took place.

Case IV. M. K. presented numerous itch-burrows of several days duration. July 13th inunction of a 10 per cent. epicarin ointment. July 17th desquamation of the burrows and complete cure.

In 9 cases of cutaneous affections due to various animal parasites (lice, fleas, bed bugs), I have resorted to the remedy seven times in ointments and twice in alcoholic solution. In these cases the itching was entirely relieved within two or three days, the eruptions disappearing in the course of five or six days.

In 21 cases of pityriasis versicolor I used a 10 to 20 per cent. epicarin ointment in 8 cases, and a 10 to 20 per cent. alcoholic solution in 13. A complete cure, however, was obtained only in four instances. In the others there was only improvement. In but one instance were irritating effects observed. The duration of treatment was 12 days on the average. If the patches were of slight extent the application of the 20 per cent. alcoholic solution was quite successful. In three cases of erythrasma a 20 per cent. alcoholic solution proved most useful, the duration of treatment being on the average five to six days. In four cases of localized eczema with pruritus a 5 to 10 per cent. epicarin paste was chiefly used, and a good result obtained in two cases of moist eczema. In two other cases of dry scaling eczema en plaque an erythema remained which was rapidly removed with tar ointment. The duration of these cases was on the average 15 days.

In 11 cases of prurigo a 10 per cent. ointment was used in seven, and a 10 per cent. alcoholic solution in four. Although the remedy in some instances was applied for a long time in children irritation was observed in only two instances, a dermatitis developing between the cutaneous folds. This, however, did not interfere with the treatment and rapidly disappeared after the use of Lassar's paste. There remain 13 other cases, some of which were of very severe character. In these the itching disappeared after one or two applications; the skin became softer, the infiltrations and eruptions disappeared, and the swollen lymphatics receded. The alcoholic solution acted more slowly, while the skin did not become softer under its use.

The following cases will serve to illustrate the action of the remedy.

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Case V. E. A., 17 years old, had suffered since childhood from eruptions over the entire body, especially the extensor surfaces of the lower extremities which appeared in attacks. Over the flexures of the joints, the sacrum, and the back there was a papular eruption covered with blood crusts due to scratching. At the elbow joints, and especially the knees, there were patches of squamous eczema. In both inguinal regions there were lymphatics of the size of an egg. May 13th a 10 per cent. epecarin ointment was applied, and on the 17th the itching had completely disappeared, while the eczematous places appeared more moist. May 21st, the eruptions were healing nicely. May 29th, redness and pain occurred in the axilla, which was relieved by the application of Lassar's paste. The strength of the epicarin ointment was now reduced to 5 per cent. June 6th the inflammation and eczema had completely vanished, and on the 15th the lymphatics were found to be much smaller, and no traces of the eruption were to be seen. The entire skin felt soft and the patient was discharged cured.

Case VI. F. K., a boy 7 years old, had suffered since 5 years with attacks of an itching eruption spreading over the entire body, and even the face. There were numerous papules covered with crusts, especially over the extensor surfaces of the body, while over the elbow and knees there were diffuse scaly deposits. The entire body, and especially the upper and lower extremities, presented the character of an ichthyosis. The inguinal glands were the size of a pigeon's egg. June 13th, a 10 per cent. epicarin salve was applied to the body, and a 5 per cent. ointment to the face. After a single application the itching disappeared. During the following days the papules and scaly deposits disappeared. No traces of albumen in the urine were discovered at any time. July 30th the papules had entirely disappeared. The skin was soft and smooth and the glands had become much smaller.

In two cases of pruritus senilis and in one of pruritus universalis I employed a 10 per cent. epicarin ointment. The itching in the latter rapidly disappeared, remaining absent for about half a day. The relief in the case of pruritus senilis lasted for one to three days, an apparent cure occurring after a prolonged use of the remedy, which was probably attributable to its softening action upon the skin. In a case of pityriasis rosea no effect was obtained.

In view of the results obtained in these various diseases and the fact that the remedy does not soil the clothing and is odorless and nonpoisonous, we are justfiied in saying that epicarin represents an excellent addition to the dermatological materia medica. In pityriasis versicolor, erythrasma, and parasitic eczemas it is a fairly good remedy, while in scabies, prurigo and cutaneous affections due to animal parasites it responds to every requirement that can be made of a remedy indicated for this class of cases.

Die Heilkunde, December, 1901.

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Editorial.

JNO. C. LeGRANDE, M. D.,.....Editor and Prop.

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The Journal.

This Journal seeks medical news and papers from any and every source, and from any and every part of the country, but our special purpose has been, for fourteen years, and is still, and will continue to be, to give a medium in which the best thought and work of the medical profession of Alabama may be made known. We only ask the cordial co-operation of the profession in Alabama, which has been so cheerfully accorded this Journal in the past—with the promise that no means or effort will be spared on the part of the editor or others interested, to make this Journal helpful to every medical interest in the State.

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Birmingham Medical College.

It will be gratifying news to the friends of medical education in Alabama and to the profession generally to learn that the faculty of the Birmingham Medical College have recently purchased a valuable lot adjoining the site of the new Hillman Hospital, upon which they will erect at an early day a modern college building which, it is understood, will be ready for the reception of students at the beginning of the next session in October. In addition to an increase in the capital stock there has also been a reorganization of the faculty and some valuable additions made to the teaching corps which will greatly increase the usefulness and efficiency of this institution already well established in the confidence of the medical profession. As will be remembered the college was organized in 1893 during a period of great financial depression and while it has labored under some difficulties owing to want of endowment like all Birmingham institutions it has prospered and has been in many respects a phenomenal success. The faculty is composed of many of the leading physicians of Birmingham who have demonstrated their fitness for the work which they have undertaken, by the excellent class of young men who compose the alumni.

The new college building will be a modern four-story brick structure conforming in architecture to the Hillman Hospital and will be complete in all of its appointments. As laboratory instruction constitutes an important feature in modern medical education ample provision has been made for the several laboratories, including chemistry, Histology, Physiology, Bacteriology, Pathology and Operative Surgery. Three large lecture amphitheatres afford excellent facilities for carrying on the regular four graded course.

Birmingham, with its marvelous growth in population is rapidly becoming one of the leading medical centers in the South. The city furnishes excellent facilities for clinical teaching. The St. Vincent Hospital, erected at a cost of $200,000, is doing a great work for the poor and the students of the Medical College are allowed the privilege of attending the clinics in the amphitheatre of this hospital. The new Hillman Hospital adjoining the new college building will be completed in a short time. These two hospitals and the private infirmaries of the city give the student of medicine the very best hospital instruction. With a modern building, first-class equipment, a full corps of teachers and a high standard which has always been maintained, the Birmingham Medical College has indeed a very bright and promising future. We venture the prediction that in a short time this institution will take rank with the foremost medical colleges of the country.

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Jerome Cochran Monument.

Soon after the death of Dr. Cochran, the editor of this Journal, appreciating the great work which Jerome Cochran had done for the medical profession of Alabama, in an editorial suggested that the medical profession and the people of Alabama should erect a monument to his memory. Following this, the President of the Association advocated in his annual message to the Association the importance of the suggestion. As a result the Association endorsed it and appointed a committee to take charge of the work, and raise the money to build the monument. After some delay, we are gratified to see that the committee has begun the work in earnest. The following to the medical profession has been issued:

To the Members of the Medical Association of the State of Alabama:

More than four years ago, when in session at Selma, it was resolved to erect a monument to our lamented leader, Jerome Cochran, and on several subsequent occasions that resolution has been re-affirmed.

The time is now ripe for action—such action as will vindicate our fidelity to the purpose we have proclaimed.

That Dr. Cochran's life-work richly deserves such a tribute all will freely concede.

You know that it was his genius that conceived and formulated our system of State organization, recently pronounced "incomparable" by the distinguished president of the American Medical Association, (Dr. Read of Cincinnati), in his presidential address before that body; you know that it was his tenacity of purpose, dauntless courage and wise leadership that unified the great body of the profession of the State in loyal and enthusiastic support of that system; you know that a high standard of ethical philosophy, a fellowship as delightful socially as it is elevating professionally, and an immeasurable advance in the skill of the physicians of the State, are some of the fruits which Jerome Cochran's work has borne for the profession and people of Alabama.

A monument can do him no good, but it can proclaim in silent, though eloquent words that our hearts are moved by noble impulses, and that we pay willing and fitting tribute to great conceptions and great achievements.

If we be true to ourselves, then, we cannot be other than just to his memory.

Let us not harbor a doubt as to our ability to erect the proposed monument.

Rather, let us esteem it a privilege to freely lay our offerings upon the altar of such a cause,and, soon, under the skillful hand of an artist,

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the obedient bronze will stand forth in the outward form of our dead leader, to continually remind us of the cause for which he fought so long and so courageously, and in which true to the Latin maxim, he died with the dust of victory upon him.

Let it never be said that the Medical Association of the State of Alabama failed to carry out a noble and praise-worthy purpose to which it had solemnly pledged its faith.

A fund of five thousand dollars will accomplish the purpose. Shall we not have that amount and have it promptly? Shall we refuse to do ourselves credit, and at the same time do honor to the memory of a great man and a great benefactor?

When an opportunity of contributing is offered you, which will soon be done by members of your respective county societies, appointed for the purpose, it is earnestly hoped that your hearts will prompt your hands to make liberal responses, and when the day arrives to unveil the finished and imperishable statute you will justly feel proud of having aided in its erection.

W. H. Sanders, M. D.,
J. B. Gaston, M. D.,
B. J. Baldwin, M. D.,
Committee.

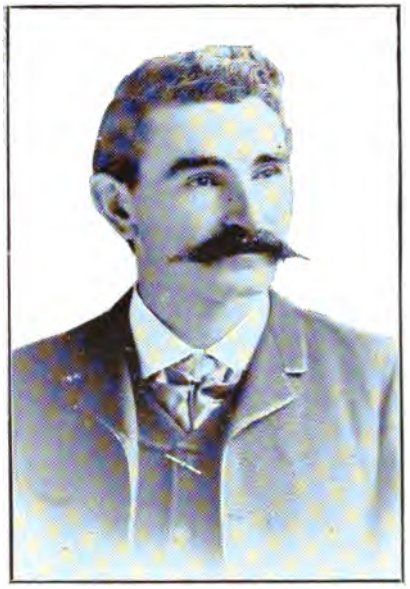
Montgomery, Ala., March 1, 1902.

Tuberculosis of the Genito-Urinary Organs.

It appears from clinical reports that this condition is getting to be quite common. The disease may not be more frequent, but modern methods of diagnosis certainly bring more cases to our notice, and the medical mind is spending more time and thought on the subject. The subjects of this condition are mostly of middle age or under, hence the importance of thorough investigation as to the best methods and surest plans of eradicating a disease which causes so many untimely deaths. We recognize the fact that some cases get well under the care of the general practitioner who regulates the hygienic surroundings of the patient and treats him so that his tissue building powers exceed the destructive powers of the disease, and on the other hand, we give the patient all these advantages of treatment and institute thoroughly scientific surgical proceedures and still the patient grows gradually worse and dies. We cannot hope to cure all, but we do want to arrive at the best methods of treating these cases in all the stages in which they come to us. As a rule when they apply to the physician or surgeon the disease has extended from the primary point of infection, has become multiple and is more difficult to deal with, and the chances of

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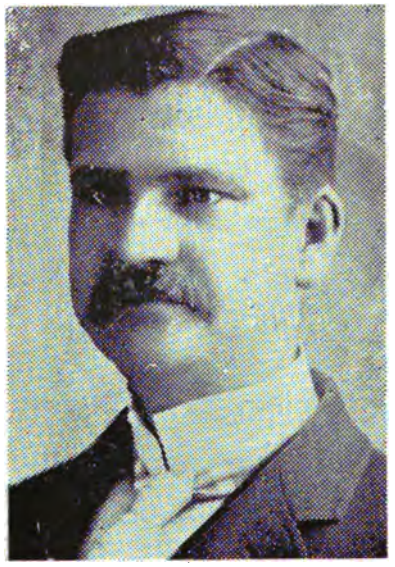
Wyatt Heflin, M.D.,
Counselor Alabama Medical Association,
Chairman Committee on Entertainment.



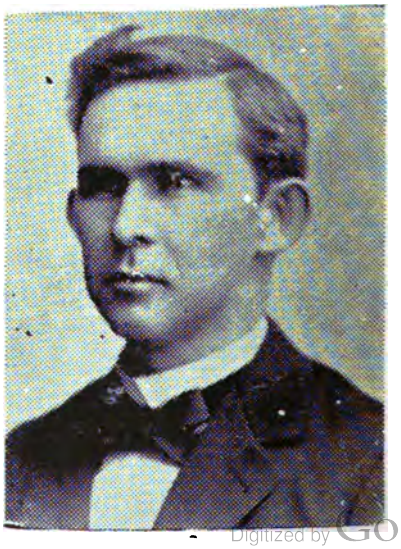
W. M. Jordan, M.D.,
Member Entertainment committee.

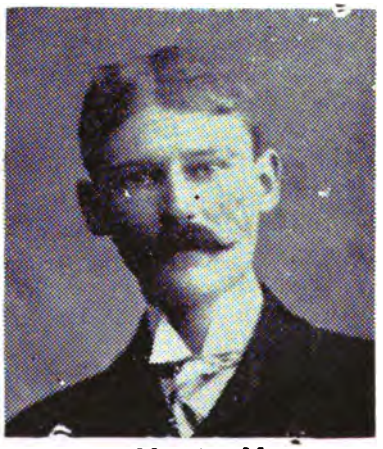


Geo. H. Stubbs, M.D.,
Member Entertainment Committee.



W. B. Ward, M.D.,
Orator.





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permanent cure very much diminished. The question we should like to settle concerns the proper limitations of surgical interference. The practice of curetting or removing a tubercular focus in a testicle and leaving the remainder of the organ could hardly be classed as conservative or wise. The same principle will hold in case the infection is in the kidney, as experience has proven that nephrectomies have given much better results than nephrotomies.

Occasionally where a tuberculous focus has been removed the body is relieved of so much of the infection that it reacts and may throw off or overcome other small areas of infection.

During the meeting of the Thirteenth International Medical Congress in Paris, the Genito-Urinary sections spent much time in discussing tuberculosis of the urinary organs and their conclusions were about as follows:

1. That local medical treatment is rarely successful.
2. That surgical attempts at mitigation—including curettement of the tuberculous bladder, resection of the kidney, nephrotomy—are seldom beneficial, but often harmful.
3. That bladder tuberculosis is regularly secondary to some prior localization of the infection.
4. That renal tuberculosis is often primary.
5. That nephrectomy is the only proper surgical treatment for renal tuberculosis, as well as the only operation for tuberculosis anywhere in the urinary tract, which gives satisfactory results. In most cases where death follows nephrectomy it is due to infection of the other kidney and it would be well to test the functional activity of the kidney to be left before the other is removed.

Dr. Davis' Operation for Biliary Obstruction.

Dr. Hugh M. Taylor, Professor of the Practice of Surgery and Clinical Surgery, University College of Medicine, (Richmond Journal of Practice) says:

"A point in obstructive jaundice not impressed as I think it should be is the fact that, not only are the common and right and left hepatic ducts dilated, but the dilatation and cholangitis extends to the minutest ramifications of the smaller ducts throughout the liver, and inflammatory changes resulting in hypertrophic scirrhosis is a very frequent sequence of obstructive jaundice, or rather a sequence of the diffuse cholangitis. In fact, it is held that hypertrophic scirrhosis is always due to bile duct obstruction, while the atrophic scirrhosis has to do with blood vessel changes,

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"This dilatation of the bile ducts within the liver substance must be kept in mind to appreciate some pioneer surgery of the liver, so forcibly brought to our attention by Dr. W. E. B. Davis, of Birmingham, in a recent paper which he read before the Southern Surgical and Gynecological Association. In cholemia incident to obstructive jaundice with a patent cystic duct and a gall-bladder that is accessible, a cholecystenterostomy or preferably a cholecystostomy can be performed, and the danger incident to cholemia tided over. But in common duct obstruction from stone with a contracted gall-bladder and a hypertrophied liver we cannot bring the gall-bladder to the abnominal incision and may not be able to get at it to suture it to the intestine. Some of you who attended my clinics last year will recall just such a case. The patient was profoundly jaundiced and gave a clear history of common duct obstruction by stone. The hypertrophied liver extended almost to the iliac crest. After the section I cound find no gall-bladder; it was so much contracted and so high up under the large liver that I could not see it or feel it. While trying to locate the bile duct by palpation, I had the pleasure of seeing a stone escape into the duodenum. I did no more, the patient recovered, the jaundice disappeared in time, and the enlarged liver reduced rapidly. Suppose I had not accidentally dislodged that stone, I could have done nothing. Thanks to Dr. Davis, we now have a resource in such cases. The dilated bile ducts in the liver, if cut, will bleed bile just as the cut veins bleed blood—the veins will contract and the blood will coagualte; but the bile from the incised biliary ducts will continue to discharge bile as long as the back pressure of the bile continues. In the cases, then, in which the gall-bladder cannot be attached to the abdominal incision, Dr. Davis advises the attachment of the cut margin of the liver wound to the abdominal incision and thus permit the bile ducts to bleed bile as long as necessary. This procedure will not be indicated in a large number of cases, but it is distinctly an advance."

Water Supply.

It will be seen by reports in the daily press that Mr. Gray, the expert employed by the "Sanitary Commission of Jefferson County" to investigate the water supply of Birmingham, that he has made his report, and recommends filtration for purifying the water, which is our endorsement of the views expressed by the Jefferson County Medical Society, and the committee appointed by the society which consisted of Drs. J. C. LeGrande, Geo. S. Brown, L. C. Morris, E. P. Riggs and J. M. Mason.

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State Medical Association.

The good city of Birmingham is to be honored with the meeting of the Association next week. The Journal, the local medical profession and every good citizen in the city extends a most cordial welcome to every physician who may attend the meeting. There will be a number of receptions given by the doctors of Birmingham and everything will be done to make the stay of our friends pleasant and profitable.



DR. E. L. MARECHAL.

President of the Medical Association of Alabama.

Among the subjects to be discussed are the following:

What Precautions Should be Taken to Prevent the Spread of Infectious Diseases?—Dr. Glenn Andrews, Montgomery.

Uric Acid, a Factor in Disease Causation—Dr. Wm. L. Dinsmore, Decatur.

The Medicine and Surgery of the Future, From the Standpoint of Sanitation and Prevention—Dr. T. Joseph Dean, Union Springs.

Pneumonia, With Special Reference to Complications and Treatment—Dr. Wm. Groce Harrison, Talladega.

La Grippe in Alabama, Its Complications, Sequelae and Treatment—Dr. A. L. Harlan, Alexander City.

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The Relation of the Medical and Legal Professions—Hon. J. B. Duke, LaFayette.

Pericardial Effusions and Their Surgical Treatment—Dr. L. L. Hill, Montgomery.

Surgical Fevers—Dr. Wm. R. Jackson, Mobile.

Recent Progress in Brain Surgery—Dr. Wm. H. Hudson, LaFayette.

Recent Progress in our Knowledge of Malaria—Dr. S. C. Henderson, Brewton.

Cancer of the Breast, With Special Reference to the Treatment of Inoperable Cases—Dr. F. Goodwin Dubose, Selma.

The Medical Treatment of Old Age—Dr. Robert D. Jackson, Woodlawn.

Ectopic Gestation—Dr. Wyatt Heflin, Birmingham.

The Toxaemia of Pregnancy—Dr. J. B. Killabrew, Mobile.

Haemorrhagic Malarial Fever. Dr. Wm. J. McCain, Livingston.

The General Practitioner as a Gynecologist—Dr. R. J. Redden, Sulligent.

The Relation of the State to Tuberculosis—Dr. Edgar A. Jones, Birmingham.

Mastitis—Dr. O. L. Shivers, Marion.

What is the Cause of the Large Infantile Mortality in Alabama and How Can it be Obviated?—Dr. Thomas D. Parke, Birmingham.

Appendicitis—Dr. J. D. S. Davis, Birmingham.

At 10 o'clock on the second day the Jerome Cochran lecture will be delivered by Dr. John H. Musser, of Philadelphia. At the evening session of the same day, Dr. Jacob Huggins, of Newberne, will deliver the Monitor's address and the annual oration will be delivered by Dr. E. B. Ward, of Selma.

The third day will be given to the reading of specially prepared papers, as follows:

The Newer Uses of Electricity in Medicine and Surgery—Dr. G. Betton Massey, Philadelphia.

A Report of Two Cases—Dr. W. H. Blake, Sheffield.

The Injury to Young Cells Caused by Certain Common Surgical Dressings—Dr. Robert F. Morris, New York.

The Therapeutic Use of the X-ray—Dr. Eugene D. Bondurant, Mobile.

Anomalies in the Development of the Uterus—Dr. R. S. Hill, Montgomery.

The Treatment of Cold Abscesses—Dr. W. R. Townsend, New York.

The Place of Drugs in the Treatment of Stomach Troubles—Dr. Boardman Reed, Philadelphia.

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Three Incurable Conditions Amenable to Surgery—Dr. Jas. T. Jelks, Hot Springs, Ark.

Inflammatory Conditions of the Vermiform Appendix—Dr. Wm. T. Henderson, Mobile.

Proper Methods of the Care and Treatment of the Feeble Minded of the State of Alabama—Dr. C. T. Wilbur, Kalamazoo, Mich .

Albuminuria in Pregnancy—Dr. T. A Casey, Birmingham.

Some Reasons for Past Failures in the Treatment of the Morphine Habit—Dr. Geo. S. Petty, Memphis.

Intestinal Obstructions—Dr. S. S. Tam, Mobile.

Neglected Prophylactic and Therapeutic Measures—Dr. W. H. Sanders, State Health Officer of Alabama.

A Case of Gunshot Wound of the Abdomen, Complicated With Chronic Appendicitis—Dr. J. M. Watkins, Troy.

Appendicitis—Dr. Geo. S. Brown, Birmingham.

Intra-Cecal Pappilloma Simulating Appendicitis—Dr. W. W Harper, Selma.

Continuous Bath in Surgical Infections—Dr. H. E. Pressley, Birmingham.

Typhoid Fever—Dr. W. W. Mangum, Eufaula.

Interesting Surgical Case—Dr. H. T. Inge, Mobile.

The Prevention of Ophthalmia Neonatorum.

In an article on the prevention of ophthalmia neonatorum Dr. Lucien Howe, of Buffalo, (Philadelphia Medical Journal, January 18, 1902), whose name is so prominently identified with this subject, urges the enactment of laws which will make it compulsory upon the practitioner to adopt some form of prophylaxis against this disease, which is responsible for so many cases of blindness. He cites statistics by Kostling, showing that in 17,000 births where no prophylactic treatment had been employed some trace of ophthalmia developed in over nine per cent., whereas in 24,000 children treated by the Crede method the number who developed the disease was only one-half of one per cent. The Crede method, however, has the disadvantage of always producing some pain and usually more or less conjunctivitis, while in a few instances it has given rise to corneal ulceration. According to the statistics of Piotrowski, in 1030 children treated with strong solution of boric acid and a ten per cent. solution of protargol not a single case of ophthalmia occurred, while slight catarrhal conjunctivitis was observed in only 1.2 per cent. Aside from the numerous favorable reports on the value of protargol as a prophylactic against this affection by European authors, the drug is preferred for this purpose by many opthalmologists

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in this country, including Drs. Alt, Peck, Cheney, Fox, Holtz, Zimmermann, Converse and Todd. In commenting upon Dr. Howe's paper the Philadelphia Medical Journal remarks editorially: "If we cannot reach the fons origo of ophthalmia neonatorum, we can at least save the offspring from a life of darkness, and protect the community from a source of burden and expense. That this can to an enormous extent be accomplished by prophylatic instillation need hardly be repeated, and its negligence constitutes a sin of omission that deserves commensurate punishment. The enactment of such a law is feasible, its interpretation obvious, and its enforcement not difficult, provided the accoucheur receives the intelligent support of an intelligently instructed community."

Our Visiting Doctors.

In this issue of the Journal, in the local advertising department, will be found something which every doctor will be interested in, and which every one must have. All houses advertised in this department are the best in their respective lines, in the city of Birmingham. The doctors are specially and cordially invited to call and see our friends in this department. Mention that you saw their ad. in the Journal, and you will get the best treatment.

WHAT ARE YOU PRESCRIBING?

The popularity of any one product is a positive assurance that it will immediately have a host of imitators all greedy to secure the benefit of the reputation which they enjoy, due to its value. Inasmuch as substitutes are never as good as the original preparation, and many times positively dangerous, it is unnecessary to warn our readers against knowingly using these goods.

One of the most popular preparations, at the same time most extensively substituted is Micajah's Medicated Uterine Wafers. Their intrinsic value in the treatment of diseases of women makes it imperative that the original only be used, if you desire satisfactory results, and that the doctor prescribing should make it his duty to see that not a substitute is given his patient.

It gives me great pleasure to state that my experience with Cactina Pillets has been most satisfactory in cases of rapid, irregular heart action. I find their use most successful in controlling and relieving the cardiac pains accompanying this condition.

Buffalo, N. Y. James H. Carr, M.D.

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Miscellaneous Notes.

NEW ORLEANS POLYCLINIC

Now in session fifteenth year. Closes May 31, 1901. Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of med icine and surgery. The specialties are fully taught, including labo ratory work. For further information, address Dr. Isadore Dye, Secretary, New Orleans Polyclinic, Postoffice box 797, New Orleans, La.

Dr. Charles Whelan, of this city, is taking a Post-Graduate course in New York.

The new French law requires children to be vaccinated during their first year, again at 11 and again at 21.

Dr. J. D. Gibson will give an exhibition of X-ray and also show the doctors through his sanitarium, especially through the thermal, massage and hydrotherapy departments immediately after the luncheon of Dr. George Brown on Wednesday.

Richard Travers Smith notes that the fermentations necessary to produce smokable tobacco are the work of bacteria, and the various flavors of different tobaccos is due more to varying kinds of bacteria than to the soil in which the tobacco is grown.—Ex.

Dr. J. C. Abernathy, of Birmingham, is attending the Confederate Reunion at Dallas, Texas. During the civil war Dr. Abernathy held an important position as surgeon, and has been honored by his old comrades by being elected to important official positions.

The Phosphates of Iron, Soda, Lime and Potash, dissolved in an excess of Phosphoric Acid, is a valuable combination to prescribe in Nervous Exhaustion, General Debility, etc. Robinson's Phosphoric Elixir is an elegant solution of these chemicals. (See page 12).

For coughs, heavy colds, catarrhal fever, influenza and other congested conditions, Tongaline and Quinine Tablets will give most speedy relief, the effect of the quinine being wonderfully assisted by the extraordinary eliminative action of the Tongaline upon all the emunctories.

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A VALUABLE REMEDY IN INTESTINAL IRRITATON.

By Louis Leroy, A.M., M.D., Nashville, Tenn.
Professor of Pathology, Vanderbilt University, State Bacteriologist of Tennessee, etc.

While Terraline has been restricted in its use largely to cases of bronchial inflammation or in allaying troublesome coughs, or for its nutritive value in conditions of emaciation, it seems that one of its most useful actions and broadest fields has been largely overlooked. This is the soothing effect which it has upon the mucous membrane of the gastro-intestinal tract. The oil is perfectly bland and tasteless and so thoroughly refined that it lacks the irritating fatty acids which are nearly always present in any of the oils used for internal administration. These qualities permit its administration in good sized doses, over prolonged periods of time without causing digestive disturbances, eructations or surfeiting the patient. This will be found to afford relief to a marked degree in cases of tubercular ulceration of the intestine, and in the pain of gastric ulcer. In pyloric carcinoma, with stenosis, a moderate dose administered before the ready passage of the food through the pylorus, and cause some remission in the pain.

In one case of gall stone which recently came under my care, Terraline was substituted for olive oil with the most pleasing results. The patient took the large amount recommended (16 ounces) more readily than would have been the case with olive oil and passed safely through the attack. Since the first attack she has been kept on tablespoonful doses three times a day for two months without any inconvenience, and not expressing any distaste for the remedy. There has so far been no indications of a return of the trouble.

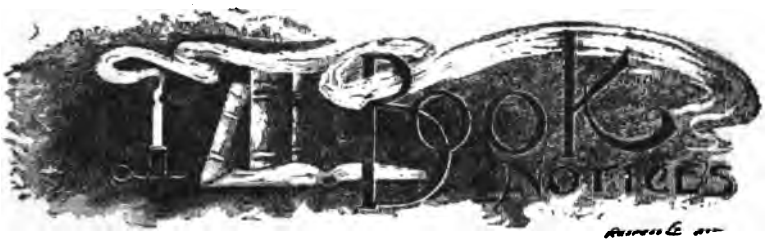
Terraline also has proved in our hands a pleasant adjunct in the administration of cathartics. With these the amount of griping is very much diminished, and larger doses can be given, and a very thorough effect obtained without the unpleasantness which would otherwise be produced.

When used for its sedative effect on the gastro-intestinal mucosa it can be given in larger doses than one usually recommended when its effect upon the respiratory tract is sought. Tablespoonful doses, or even ounce doses three times daily will be found to be well borne. As the oil is of mineral origin and chemically nearly as stable as paraffin, it may be combined with any of the other remedies desired, directly if they are mixable with the oils, separately if not, but with the assurance that each will have its own therapeutic effect without detriment from the other.

The results which we have had in the past with Terraline indicate quite a field of usefulness which can readily suggest itself from the foregoing.—The Medical Examiner and Practitioner.

Nashville, Tenn., Jan. 17, 1902.

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BERGEY'S PRINCIPLES OF HYGIENE.

THE PRINCIPLES OF HYGIENE: A Practical Manual for Students, Physicians and Health Officers. By D. H. Bergey, A.M., M.D., First Assistant, Laboratory of Hygiene University of Pennsylvania Octavo volume of 495 pages, illustrated. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, $3.00 net.

This book is intended to meet the needs of students of medicine in the acquirement of a knowledge of those principles upon which modern hygiene practices are based, and to aid physicians and health officers in familiarizing themselves with the advances made in hygiene and sanitation in recent years. The book is based on the most recent discoveries, and represents the practical advances made in the science of hygiene up to date.

Among the important subjects considered are Ventilation, Heating, Water and Water Supplies, Disposal of Sewage and Garbage, Food and Diet, Exercise, Clothing, Personal Hygiene, Industrial Hygiene, School Hygiene, Military and Naval Hygiene, Habitations, Vital Statistics, Disinfection, Quarantine, etc. The idea of the book is to give the reader a clear understanding of the general principles of this broad subject. The rapid strides make in our knowledge of the entire subject has rendered such a book, reflecting the more recent discoveries, a necessity to physicians and students of medicine.

OPHTHALMIC MYOLOGY.

A SYSTEMATIC TREATISE ON THE OCULAR MUSCLES. By G. C. Savage, M.D., Professor of Ophthalmology in the Medical Department of Vanderbilt University—Author of New Truths in Ophthalmology—Ex-President of the Nashville Academy of Medicine—Ex-President of the Tennessee State Medical Society—Sixty-one Illustrations.

This is the title of a new book by Dr. Savage of Nashville. It is a

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book of more than five hundred pages, edited by the author, and deals exclusively with the eye muscles, their arrangement with reference to the eye planes, and to each other, their mechanism and functions, their abnormalities or irregularities of action, and methods of treating. The work is comprehensive, exhaustive, and highly scientific. The first chapter takes up the fundamental principles and lays the foundation for the succeeding chapters. Here is discussed the position of the muscles, the direction in which the force is applied, the eye planes, visual angles, etc. Many of the features of this chapter are the original ideas of author and have appeared in print before. They have been the subject of criticism—sometimes very severe criticism, but being based on mathematical principles, have come out with honors. The rest of the book is devoted to the various forms of muscle balance and unbalance, insufficiencies, deviation, etc.

The illustrations throughout are largely original and ingenious.

It would be hard to point out all the good features of the book, and to review it would be like reviewing a work in mathematics. The only criticism that the reviewer has to make is that it is heavy reading, and rather too scientific for the average doctor; but the author is a genius and has given the profession a most excellent work; one that no ophthalmic surgeon can well afford to be without, containing as it does practically all that is known about eye muscles and their management.

S. S. S.

AMERICAN EDITION OF NOTHNAGEL'S ENCYCLOPEDIA. VARIOLA, VACCINATION, VARICELLA, CHOLERA, ERYSIPELAS, WHOOPING COUGH, HAY FEVER.

VARIOLA (INCLUDING VACCINATOIN). By Dr. H. Immermann, of Basle. Varicella. By Dr. Th. von Jurgensen, of Tubingen. Cholera Asiatica and Cholera Nostras. By Dr. C. Liebermeister, of Tubingen Erysipelas and Erysipeloid. By Dr. H. Lenhartz, of Hamburg. Whooping Cough and Hay Fever, by Dr. G. Sticker, of Giessen. Edited, with additions, by Sir J. W. Moore, B.A., M.D., F.R.C.P.I., Professor of the Practice of Medicine, Royal College of Surgeons, Ireland. Handsome octavo volume of 682 pages, illustrated. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, $5.00 net; Half Morocco, $6.00 net.

The articles included in this volume treat of a number of diseases second to none in importance, whether regarded from the standpoint

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of Preventive Medicine or as the cause of widespread sickness and death. Although the excellence of the German work and the detailed and comprehensive manner in which the respective authors had dealt with their several subjects left comparatively little to be added, the editor has not hesitated to amend the text whenever necessary, and has also embodied the results of his personal experiences, gained during a varied practice extending over thirty-three years.

One of the most timely articles included in the work is that on Variola, including Vaccination and Variolation. Dr. Immermann's monographs on these subjects, now of vital interest, especially in the United States and Great Britain, have probably never been equaled for circumstance of detail and masterly argument.

The other articles, each by a German specialist of recognized authority, are also skillful expositions of the particular diseases under discussion. The entire volume being edited by a specialist of acknowledged ability, the work, it will be seen, has been brought precisely down to date. It is, indeed, a magnificent contribution to the literature of medicine.

WOLF'S PHYSIOLOGIC CHEMISTRY.

A LABORATORY HANDBOOK OF PHYSIOLOGIC CHEMISTRY AND URINE-EXAMINATION. By Charles G. L. Wolf, M.D., Instructor in Physiologic Chemistry, Cornell University Medical College, New York. 12mo volume of 190 pages, fully illustrated. Philadelphia and London:,W. B. Saunders & Co., 1901. Cloth, $1.25 net.

The object of this book is to supply to students and practitioners of medicine a guide to a course in physiologic chemistry and the examination of the urine and the contents of the stomach. The first part of the book is taken up with simple exercises in physiologic chemistry, which will give an elementary insight into the chemical side of physiologic processes.

In the part of the book which deals with the urine and the gastric contents, no tests have been given which do not rest on a good chemical foundation. The aim has been to give as few tests as possible, and these to be chosen for their suitability to purely clinical needs. No operations are described which have not undergone a thorough trial with students in the laboratory.

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GORHAM'S BACTERIOLOGY.

A LABORATORY COURSE IN BACTERIOLOGY. For the use of Medical, Agricultural, and Industrial Students. By Frederic P. Gorham, A.M., Professor of Biology, Brown University; Bacteriologist to the Health Deartment, Providence, R. I. 12mo volume of 198 pages, with 97 illustrations. Philadelphia and London: W. B. Saunders & Co,, 1901. Cloth, $1.25 net.

Bacteriology is essentially a laboratory study. It is only by actual laboratory work that it can be taught in such a manner as to serve any useful purpose. It is also a subject of very general scientific interest. Courses in bacteriology are no longer confined to the medical schools, but are being introduced into colleges and agricultural and industrial schools. This volume has been prepared as a guide to the practical details of laboratory work. It is intended to present the subject in such a general way as to lay a broad foundation for later specialization in any branch of bacteriology. By a judicious selection the course can be made to conform to the requirements of medical, agricultural, or industrial students.

Mr. F. A. Henry, of the Henry Pharmacal Co., Louisville, Ky., well known to the medical profession through his connection with French Lick Springs (Pluto), has recently acquired control of the waters of West Baden, and it is his intention to bring even more prominently before the medical profession the therapeutic value of the two famous sulpho-saline waters of this valley—Pluto of French Lick and Sprudel of West Baden They are always active, and very desirable saline purgatives for the surgical wards of hospitals and infirmaries and for home treatment by practitioners of all diseases in which waters of this type can be applied.

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Original Communications.

ANNUAL MESSAGE OF THE PRESIDENT.*

By EDWIN LESLEY MARECHAL, M.D., LL.D.,

MOBILE, ALA.

Gentlemen of the Medical Association of the State of Alabama.

Another year has passed and we have again assembled to deliberate upon and to discuss questions affecting the interests of the Medical profession and the people of the State of Alabama. During my incumbency of the official position with which your generous suffrages honored me, no questions have arisen affecting in any way the integrity of this organization. The perfect harmony existing between the members of the profession in the State, and the excellence and virility characterizing our plan of organization have given strength, efficiency, permanency and solidity to this Association.

After a lapse of almost thirty years since the inception of our present organization, notwithstanding the fact that many attempts have at times been made to curtail its authority or minimize its influence it stands firm and immovable in its symmetrical proportions, an imperishable monument to the marvelous intellect and indomitable energy of its founder. Commended on every hand as being perfect in its every detail, we should esteem it an honor to be in affiliation with it, and to have been participants in the beneficent work which it has accomplished.

Article 27, Section VIII., of the Constitution makes it mandatory upon the president, at each annual session of the Association, to submit an annual message devoted to the discussion of the interests, objects and business of the Association.

*Delivered before the Medical Association of the State of Alabama, April 16, 1902.

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By implication he is prohibited from the discussion of any subject not germane to the definitely expressed provisions of this constitutional requirement. By reference to the annual messages of my predecessors in office, I find that almost every question involving the interests and objects of this Association has been discussed with such marked ability and elaboration that I am keenly conscious of my incompetency to give them additional strength and authority. As the value of any institution is directly as to the good which it accomplishes, it has occurred to me that it might perhaps be profitable at this time to take a retrospective glance at some of the evolutionary stages in the growth of the Association, and by contrasting the professional conditions which existed in the State at the time of the inauguration of our present perfected system with those which exist today, we might derive inspiration for greater assiduity in the reformatory work which it has undertaken, and find in the benefits which have accrued to the profession and the people of the State from that work, logical grounds for more loyal devotion to its service.

Prior to the long and bloody conflict which occurred in this country, a conflict destined to mark an important epoch in the history of republican institutions, a State Medical Association had a nominal existence in Alabama. Organized in 1849, it held annual sessions, with a few interruptions, until 1856, when it ceased to have practical existence. Without the cohesiveness of a representative body, while its scientific work was, in some instances of excellent character, it was invested with no legal functions, and being without definite and specific purpose, it had in its organic law nothing to insure its continuity.

The few local medical organizations which existed in the State at the time were almost without exception confined to the cities, while they were so imperfectly organized as to invalidate any salutary influence that they were intended to exercise in the improvement of professional conditions. A few of these societies were, by virtue of special legislative enactment, authorized to regulate the practice of medicine in their respective counties, but the standard of professional requirements was so low as practically to nullify any benefits which should have accrued from the sagacious utilization of the legal privileges with which they had been invested.

After peace had been declared, although adjustment to the changed political and social conditions was slow and painful, members of the profession looked forward in pleasing anticipation to a State organization, representative in character. Many of those who had been prominently identified with the previously existing organization, on

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account of advancing age, and the infirmities incident thereto, were debarred from participation in such a movement. However it was not until 1868, that pursuant to a call, a meeting was held in the city of Selma, which resulted in a reorganization of the Medical Association of the State of Alabama. Of the gentlemen who were present upon that occasion, but three, so far as I have been able to learn, are living, namely: Doctors Richard F. Michel, and Jacob Huggins, both of whom are still active and honored members of the Association, and Doctor W. C. Osborne of Texas, whose name is enrolled among our correspondents. The war with its unsettling of social conditions had made many changes in the personnel of the profession, and new men had come into the State, some of whom were destined to exercise no inconsiderable influence. Among them was one whose comprehensive mind and masterly logical perceptions made him a leader in this work of re-organization. Without the prestige of birth, adventitious influences or meretricious arts, his matchless intellect obtained for him immediate recognition among men whose reputation for learning and scholarship was co-extensive with the State. His trained mind had solved the intricate problem of organization in its every detail, he conceived and elaborated a plan so nearly perfect, so thoroughly adapted to the purpose for which it was desired, that today the Medical Association of the State of Alabama, the creation of his genius, is without a peer on this continent. It is unnecessary for me to say in this presence that I refer to Jerome Cochran.

At the annual session of 1871, under his leadership, the draft of a new constitution was presented, so unique in character, so in contravention of the ultra-conservatism of the past, that two years passed before it was adopted. While half of the counties in the State were organized, it was fifteen years before efficient organization was effected in every county. In 1875, by an act of the General Assembly of the State, the Association was charged with the supervision of the health interests of the people, it being constituted the State Board of Health, while the county medical societies in affiliation with it were constituted county boards of health. In 1877, the law to regulate the practice of medicine in the State was enacted, and the Association was made the instrument for its administration.

In a brief and imperfect manner I have described the evolutionary stages which characterized the transition of the Association from a body exercising only social and scientific functions to one endowed with legislative duties, a factor of importance in the administration of law.

Its purposes are definitely defined in Article 3, Section III of the

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Constitution: 1. To organize the medical profession of the State in the most efficient manner; 2. To encourage a high standard of medical education, and regulate the qualifications of practitioners of medicine in the State; 3. To promote professional brotherhood, and encourage a high standard of professional ethics.

These enumerated objects are unquestionably commendable, and if this Association has faithfully and efficiently complied with them, it is entitled not only to the gratitude, but also to the unswerving loyalty of every member of the medical profession in the State. How has this great and important trust been administered?

At the time of the organization of this Association under its present constitution, and the enactment of the wise and salutary laws with the administration of which it was entrusted, professional conditions in the State were not only unsatisfactory but deplorable. In a majority of the counties in the State, boards of medical examiners created by boards of County Commissioners existed, while the standard of professional requirements which they demanded was so low as practically to nullify any benefits that might have accrued under other and better circumstances. No sense of responsibility was imposed upon these boards, and their legal duties were performed in a perfunctory manner.

The meagre attainments which they exacted in order to give authority to engage in the practice of medicine furnished no test of professional knowledge, while they created no apprehension or respect on the part of the applicants. At the same time no uniformity existed in health regulations, each community exercising sanitary prerogatives frequently inimical to adjoining towns and counties. Men who were destitute of either educational or professional attainments were undisturbed in their right to practice medicine, while the people deluded by their pretence of scientific acumen, resented any interference with existing conditions as in conflict with the inalienable rights guaranteed to them by the Constitution of the United States. Diplomas and collegiate training were not only unnecessary, but in many instances were considered undesirable. It was the day of the ignorant pretender and charlatan when the schoolmaster was not abroad in the land, when illegible penmanship and unjustifiable orthographic slips were not only pardonable but were heralded as unmistakable evidences of talent, if not of genius. The code of Ethics, so essential to the maintenance of the esprit de corps was a sphinx riddle, without material influence in the regulation of conduct. The one dominating, overwhelming impulse was the utilization of every method, however questionable, to obtain practice. Merit was not an element of rivalry, while scientific at-

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tainments were without intrinsic value. The verity of these statements may be questioned by some, and while I do not claim that they apply with equal force to conditions as they existed, at the time referred to, in the entire State, that they did exist in certain sections of the State, I assert with the positiveness incident to personal knowledge.

Consequent upon the enactment, under the auspices of this Association of the law to regulate the practice of medicine in the State, marvelous changes occurred, changes which involved a regeneration of the profession, and which inured to the benefit of the people. While the new reactionary force acted slowly, the body of the profession responded to its impulse, and pressed forward to the attainment of higher ideals. Its first perceptible salutary influence was upon those already engaged in the practice of medicine, and to whom had been entrusted the administration of the law in their respective counties. The elevation of the standard of professional requirements instigated study, hence better informed and more competent medical men were tangible beneficial results ensuing upon the change in legal provisions. Rivalry betwen medical schools consequent upon a desire on the part of teaching faculties to extend their influence by an increase in their number of matriculates and graduates had impaired the validity of medical degrees as representative of the possession by their holders of medical knowledge. Under such misguided ambition men devoid of a semblance of an elementary education, and whose professional attainments were of an inferior order, were inducted into a noble calling to detract by their ignorance and incompetency from the honor and dignity that should cluster around it.

Largely as a result of organized effort, in which this Association was a prominent factor, healthful changes occurred in a system at once so pernicious, and fraught with danger to the people. The more exalted requirements necessary today to obtain the doctorate are concomitant upon restrictive legislation consequent upon professional organization and the subordination of the few that great benefits may accrue to the many.

The health system of the State, involving the direct interest of every citizen, has under the conserving influence of this Association, emerged from its former chaotic condition, and has been reconstructed upon a scientific basis. Crude, unscientific, imperfect and often barbarous, as originally constructed and construed, there is ample cause for congratulation in that it has been harmonized, and brought into conformity with the revelations of modern sanitary science, and instead of being an object of terror to the people and a menace to commerce during periods of epidemic visitation, it invites confidence and security.

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Under intelligent methods of modern sanitation, the school, the workshop, the mine and the prison have become objects of solicitude, not only to the philanthropist, but to every public-spirited and intelligent citizen as well. This Association has energetically entered into this work, and while the financial resources at its command have been insufficient to accomplish startling results, what has been done has reflected credit on the State, and also upon those who were instrumental in securing such desirable reforms. All incongruity has been eliminated from our health system. The uniformity now characterizing it is creditable to the sagacity of the Senior Censor who conceived it and under the endorsement of this Association secured its enactment into law. Had this Association accomplished nothing beyond the readjusting and liberalizing of the sanitary system of the State it would still be entitled to the respect and confidence of the people, and the loyal and enthusiastic support of the profession.

Brilliant results in any reformatory work must of necessity be slow. The work to which we as an Association have pledged ourselves, being reformatory in character, is no exception to this almost invariable rule. Cherished opinions, however monstrous or erroneous, are difficult of dissipation, and years of patient and unselfish labor are frequently necessary before the narrow and prejudiced mind, under the influence of the unswerving fidelity of loyal adherents, can be induced to believe that such self-sacrificing labor has not as its impelling force mercenary motives. The suspicion lurks with many who are true to the utilitarianism of this unfeeling and progressive age, that the work of this Association has for its purpose the aggrandizement of the medical profession—a work without interest or value to the people of the State. Failure to obtain wholesome and desirable legislation in the past may be in some measure ascribed to the prevalence of this unreasonable and unjustifiable belief. A unified profession, working in harmony with the expressed purposes for which this Association was organized, would soon remedy existing evils, and secure such wholesome legislation as may be necessary to bring about reforms of value to the people of the State.

My immediate predecessor in office in his masterly message at our last annual session, adverted to the lamentable fact that large numbers of the profession in the State were not in affiliation with the Association, and obviously not in harmony with its purposes. Admitting the accuracy of the statement which he made, is occurs to me that wisdom would suggest that we should endeavor to ascertain the cause of this apparent disaffection in order that a remedy which would be effectual for the condition might be devised.

After careful deliberation on this subject, I am assured that the

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condition referred to can be ascribed to one of three causes, possibly to all:

1. Misapprehension on the part of those not in affiliation with the Association, of its plans, scope and purpose.

2. Lack of concentrated effort by members of County Societies through which, if properly directed, every regular member of the profession in the State could be absorbed by the Societies.

3. Failure of many of the members of the Association to familiarize themselves with our plan of organization, and the beneficent ends it seeks to attain. While in many instances quasi-endorsement is given to the Association, adverse criticism of its plans and objects, based on ignorance, of those from whom of right we should expect loyalty, militates seriously against an extension of its influence.

Careful and intelligent investigation of the system of organization which this Association has adopted, would obviate much of the misapprehension that exists relative to its purposes. Justice and fairness alike demand that criticism should be based on knowledge. This Association has received unstinted commendation from those who have given thought and study to it. The late president of the American Medical Association, at the meeting of that Association in St. Paul, Minn., in June, 1901, referred to it as "the incomparable Alabama plan." Dr. George H. Simmons, secretary of the same body, and editor of its Journal, in some remarks which he made during a recent visitation upon a meeting of the Mobile County Medical Society characterized this Association as the best medical organization in the world. The American Medical Association in its plan of reorganization adopted the fundamental principles underlying our system. That Association is a federation of State Societies. This Association is a federation of county societies. From all over this vast and progressive country of ours inquiries are being made as to the specific plans and purposes of this Association. The evident and frequently expressed purpose of such inquiries is to give our plan careful study with a view of engrafting its principles into the organic law of other State organizations.

Despite the fact that our organic law combines strength and solidity, and contributes to the uplifting of the profession, in many instances members of county societies, ill informed as to the nature of this organization, and ignorant of its inherent value, indulge in captious criticism of it to the detriment of the profession, and of an Association, which in its every feature reflects credit upon our beloved State. Such criticism is usually directed against the College of Counselors. This Association is a representative body with distributed powers. Its strength has been, and still is, in the devotion of its counsellors.

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While the Association has made them objects of distinction and honor, it has also imposed upon them consequent obligations and responsibilities.

With greater loyalty on the part of the membership of the Association, inspiring to more energetic work in its behalf, a powerful, an almost irresistible influence would be created, which would bring into harmony with it, every recalcitrant in the State. Whenever such a desirable consummation is realized, with the profession unified into a compact body all opposition to needed reforms will disappear.

It has been customary for the President in his annual message to submit to the Association such recommendations as in his judgment might be necessary. The wisdom and fidelity, which in the past have characterized the members of the Board of Censors, assures me that we can with perfect security entrust to them in its entirety the interests of this Association. Already bills looking toward additional legislation, valuable in character, have been formulated, and upon the active co-operation of the individual members of the Association depends their enactment into law. I refer especially to the bills providing for compulsory vaccination, and the modifications demanded by existing conditions to the law to regulate the practice of medicine in the State.

The widespread prevalence of smallpox, at the present time, challenges the thoughtful consideration and solicitude of both the physician and the publicist. Since December 28, 1901, there have been 25,574 cases of smallpox in the United States, with 739 deaths. Experience simply attests the immunizing powers of efficient vaccination, and with the abundance of evidence as to its virtue furnished by Germany and Japan, where vaccination has for some years been compulsory, it is strange that any government in harmony with the wonderful advances made in recent years in sanitary science should so ignore the interests of the people as not to invoke the aid of such beneficent legislation to restrict the spread of a disease so much dreaded as the one in question. Several years since, the Association in its capacity as a State Board of Health, endeavored to secure the enactment of a law providing for compulsory vaccination in the State, but owing to various causes the bill failed to receive legislative enactment. The ubiquitous anti-vaccination crank was especially conspicuous while this bill was pending before the committee of the General Assembly, to whom it had been referred, and no doubt he influenced largely its ultimate destiny. The members of this Association by unity of action can secure legislation of the character mentioned, and contribute by the prevention of smallpox, to the material prosperity of the State. The immortal discovery which Jenner gave to the world merits your ardent advocacy.

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For several years it has been apparent to all who have given the subject thought, that modifications of the law to regulate the practice of medicine were demanded in order to facilitate its enforcement. While the law as now existing is sufficiently comprehensive to meet the conditions which obtained at the time of its enactment, its failure to clearly and definitely define in its entirety what constitutes violation of its provisions has given rise to confusion, and made it inadequate to meet unusual demands. Its lack of definiteness as to what constitutes the practice of medicine within the meaning of the statute has permitted what we believe to be gross violations of it, and has rendered almost impossible convictions in the courts until either modifications are made in its verbiage, or the authoritative deliverance of a judicial tribunal in harmony with our own interpretation makes its rigid enforcement practicable. The Osteopath, the Christian Scientist, the Magnetic Healer, and the many other irregular methods of treating human diseases, have in this way evaded the law, while the regular profession have been powerless to check the flood-tide of charlatanry which is now sweeping over the country. Fortunately, a test case has arisen, and we anticipate at an early day a decision from the highest judicial tribunal in the State which will determine whether the present law is adapted to meet the emergencies which have arisen, or whether it will be necessary to secure additional legislation. It should be a source of unalloyed pride with each of us, in the event of an adverse decision upon our present law, to assist to the extent of our ability in securing the enactment by the General Assembly of such modifications to it as may be necessary to accomplish the purposes for which it was originally devised.

And now, gentlemen, in conclusion, I desire to urge you to greater devotion to this Association, to more unswerving fidelity to its interests. The legacy which Jerome Cochran bequeathed to the medical profession of Alabama is entitled to your loyalty and merits your warmest affection.

THE TREATMENT OF COLD ABSCESSES.*

By WISNER R. TOWNSEND, A.M., M.D.,

NEW YORK CITY.

Before considering the treatment of cold abscesses, it seems appropriate to say a few words as to the pathological and bacteriological conditions found in these purulent collections. To a faulty or imperfect knowledge of just what cold abscesses really are we may attribute much of the confusion which exists as to how they should be

*Read before the State Medical Association, April 16-19, 1902, Birmingham, Ala.

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treated and to the fact that some surgeons advise never opening them, while others insist upon immediate opening as soon as their presence is made out.

The term "cold abscesses" clearly indicates that it was early recognized that they differed from the ordinary abscesses, but it was not until after the discovery by Koch of the bacillus of tuberculosis that surgeons clearly recognized in what respects they differed from other purulent collections. To quote the views of earlier authors to prove these contentions would be a waste of time, but it is well to have the opinions of recent writers.

Warren, Surgical Pathology and Therapeutics, published in 1894, says on page 518: "The tubercular nodules in bone may frequently be multiple—where the confluent masses of tubercle in the center of a nodule begin to break down, there is formed a collection of caseous material surrounded by tuberculous tissue. This material becomes infiltrated with fluids and leucocytes, and thus there is produced a cavity containing fluid fatty materials, fragments of cells, and leucocytes, around which there is granulation tissue, filled with tubercles; and in this way a tuberculous abscess is formed (Cheyne). It seems at times to be quite a matter of accident whether the abscess breaks into the joint or finds its way by a more circuitous route into the surrounding connective tissue. As the tuberculous masses spread, caseation takes place at different points in the wall, and the masses are discharged into the cavity of the abscess; but the spread of the abscess is affected generally by what is termed "burrowing of pus." This burrowing occurs in various directions, and large collections of pus, altogether out of proportion to the original lesion are formed, and are known as "cold abscesses." The pus which they contain is so characteristic that it can always readily be recognized. It is of a pale white color, and it frequently contains masses of cheesy material, like coagulated casein, sometimes of considerable size, which makes the aspiration of these abscesses often a difficult operation. It is for this reason called "grumous." It has a very thin serum, much thinner than that of the pus of acute abscesses. Occasionally, the pus may be mingled with blood, in which case it will have a dirty brown color. Not infrequently, small bony particles are found. The presence of the bacilli in such pus is not easy to demonstrate microscopically, but on culture the pus of cold abscesses yields a quantity of the characteristic bacilli. The pyogenic cocci are rarely seen in the cold abscess before it is opened; according to many authorities, they are never found in them. Rapid rise of temperature and increase of hectic fever accompany the infection of such an abscess by the pus-cocci when an abscess is allowed to break or is opened without the strictest antiseptic precautions.

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The walls of such abscesses have a very characteristic appearance, being covered by the so-called tuberculous membrane described originally by Volkmann.

Ziegler, General Pathology, American edition, translated from the eighth revised German, 1895, says on page 300:

"Chronic abscesses generally result from acute abscesses, and have the same etiology, but may, however, develop more gradually, and are then caused by special infections, general tuberculosis or actinomycosis," and on page 149: "Some of the suppurations that occur in tuberculous foci are to be attributed to mixed or secondary infections, with the pus-cocci; still, tuberculous foci may break up into a mass which resembles ordinary pus, but yet does not contain well-preserved pus corpuscles; instead, there are fatty and broken up cells, and granular tissue detritus: i. e., the conditions are those of a cold abscess.

Delafield and Prudden, Handbook of Pathological Anatomy and Histology, sixth edition, 1901, say on page 228: "While the so-called cold abscesses may be caused by tubercle bacillus alone, this germ is not infrequently found under these conditions to be associated with other pyogenic micro-organisms, especially the streptococcus and the staphylococcus," and on page 181: "While many species of microbes are capable under favorable conditions of inciting suppuration and other forms of exudative inflammation and may when their toxins are disseminated in the body give rise to toxaemia, septicaemia and pyaemia, there are two forms which, on account of their early discovery and their relative frequency are commonly considered as par excellence 'pyogenic bacteria.' These are the staphylococci and streptococci."

Enough has been said to prove that "cold abscesses" are really collections of tuberculous materials, that they are primarily sterile in the sense that they do not contain pyogenic bacteria, but that mixed or secondary infections frequently occur, and our clinical experience teaches us that when this infection does occur, it produces well marked and characteristic changes in the condition of the abscess and of the patient.

The abscess may rapidly increase in size, it becomes hot instead of cold, and local heat may be considerable. It becomes painful, where before the patient may have been unaware of its presence. It becomes tense where it was formerly soft. The tissues about it become reddened where they were formerly pale, and the enlarged bluish veins so frequently seen over these abscesses disappear or are less prominent, owing to the redness of the superficial parts.

If the infection is due to streptococci, the redness may extend considerably from the site of the abscess and cause the parts to look as if invaded by erysipelas or the lymphatics may become enlarged and

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neighboring glands increase in size. The constitutional symptoms are no less marked. A child with hip joint disease and a cold abscess whose morning temperature is normal and with only a half or one degree evening rise or even a normal evening temperature may be taken with chill, followed by a high fever and all the symptoms of a severe sepsis, or it may be that the increase in temperature is slight and the chill absent, and the temperature chart and pulse count be only slightly changed. If the cases are watched carefully, the time of the pus infection can usually be made out, and it is nearly always possible, by a careful study of these cases, to say whether the abscesses are sterile or infected. If the constitutional symptoms give no indications, the examination of fluid withdrawn from the abscess cavity will demonstrate the presence of the pyogenic bacteria. A leucocyte count may be of value as in tuberculosis there is no leucocytosis, while in inflections from pyogenic bacteria it is increased. With this clear idea of the conditions we have to deal with, at the Hospital for the Relief of the Ruptured and Crippled in New York City, a plan of treatment is now carried out which I desire to present for your consideration, and which is simplicity itself, and which is based entirely on the conditions present when the case is seen.

All cases are treated constitutionally if there is any indication for such treatment, and the local disease carefully attended to. The more efficient the local treatment of bone and joint tuberculosis the less frequent are abscesses. is the firm belief of most orthopedis surgeons of today, so that the prevention of abscesses by such treatment must be the aim of every one

As soon as an abscess is detected the child is kept quiet—not necessarily put to bed, but cautioned against undue exercise, and as soon as possible aspiration is practiced. This is done with the utmost care as to asceptic precautions. The skin over the abscess is cleansed as if for an operation, the needles are boiled and the operator thoroughly cleanses his hands and uses sterile rubber gloves. A moderately large needle is used, and sterile gauze placed over the opening made by the needle. Sterile dressings are applied and over this a firm compress held in place by a bandage. As often as the abscess refills, aspiration is again practiced, providing the abscess remains sterile. If the needle becomes clogged, a small amount of sterile normal salt solution, slightly warmed, is forced through the needle, and the obstructing plug of tissue is often thus gotten out of the way and the fluid contents of the abscess evacuated. If the abscess becomes infected it is at once opened by incision and washed out with sterile water or with sterile salt solution, and every effort made to keep it clean. Sterile dressings are applied, and if the incision is a very long one, a portion of it is sewed, to prevent

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gaping, and sterile gauze or a drainage tube introduced. Subsequent dressings are made with every possible care, and every precaution taken to prevent infection at the time of dressing. Despite every possible care, if a case has to be frequently dressed, infection is likely to occur. If the abscess is not already infected when opened, if any form of drainage is used, infection will almost certainly take place when the drainings are changed, and that is the reason that many surgeons protest against opening. Some even believe that if they open spontaneously they do better than when incised, but it is difficult to understand why this should be.

We do know that many cold abscesses are absorbed, caseation, sometimes calcification, occurs, and in many it is simply impossible to detect the site of a large abscess after its absorption, and unless there is danger of its breaking into an articulation or it interferes with the application of a suitable brace, in the writer's opinion no sterile cold abscess should be incised unless aspiration has failed. The danger of adding sepsis to tuberculosis must always be borne in mind, and the writer can recall several cases where the patients were suffering no inconvenience, had no symptoms, whose temperature was normal, and who did not consider the abscess of any special significance, whose death promptly followed its incision, due either to septicaemia or pyaemia.

The danger of septic infection in abscesses is a matter that is of extreme importance, and when we have a sterile collection in an adult, it becomes a very serious question in many cases whether it is not advisable to leave this purulent collection untreated, or aspirate only, rather than open and run the risk of septic infection. It is a well-known fact that adults do not bear sepsis as well as children; and, is has been stated before, the danger of infection after the operation is extremely great. This applies particularly to those chronic abscesses which have lasted for years, without producing any symptoms. They have not increased much in size, they do not interfere with the action of a brace; and they are oftimes of no significance whatever, as far as the progress of the disease is concerned. After reopening, they become infected, and it is impossible to close them. New incisions are made for better drainage, and finally death from exhaustion follows the septic infection—in some cases very rapidly, in others after the lapse of weeks, or months.

This is especially so in the old cases of Potts' Disease, and the opening of these pelvic abscesses, therefore is a subject that should be approached with considerable care. Most authorities today believe that if it is necessary to open them, they do better with a single incision either in front or behind than with the incisions both in front and behind, with through and through drainage.

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If the cold abscess is infected when first seen, it should be promptly opened. Aspiration is of no benefit in such cases, and is harmful because it does not promptly remove and drain away the materials that are causing the patient's symptoms. Many surgeons object to aspiration because it frequently fails, and in many of these cases it is more the fault of the surgeon than of the aspirator. That it fails to cause a certain number of abscesses to entirely disappear is also no argument against its use, because if by its use the abscess has not been infected, no harm has been done, and if the fluid contents of an abscess cavity find their way to the surface by a sinus made by the needle, they do more damage than if they force their way there by burrowing or by an incision. Because the aspirator occasionally fails to remove the contents of an abscess when they are cheesy or too thick to pass through the needle is no reason to cast it aside as a useless instrument. It is also a well-known clinical fact that these very thick, cheesy masses are not so commonly infected as are the fluid contents and abscesses filled with such materials are usually in process of cure, although they may become infected and require immediate opening

If, however, it is considered advisable to open a sterile abscess, it should be done under strict aseptic precautions, and after thoroughly cleansing and removing the sac membrane, the wound should be closed by catgut or silk sutures. Many cases so treated have done well, but the incision wound must not be closed tight unless we are sure of our asepsis.

With the assistance of Dr. W. T. Berry, the House Surgeon, I have analyzed the history of every child in the hospital March 31, 1902, who at any time previous has had an abscess treated by aspiration. The total number was thirty-six, and of these I beg to quote the histories of the following cases:

Male, aged 4, admitted July 11, 1901. Disease of the right hip Had worn plaster paris spica one month and brace seven months prior to admission.

July 14, 1901. Aspirated abscess on outer and upper aspect right thigh.

March 30, 1902. No sign of abscess. General condition good. Wearing hip splint. A. G. E. 180. A. G. F. 160.

Male, age 10. Admitted to hospital January 14, 1902. Had hip disease nine months prior to admission. Treated with hip splint.

January 15, 1902. Aspirated and three ounces of fluid evacuated from abscess on inner aspect of the right hip. Aspirated again on February 22, 1902, and six ounces of fluid removed.

March 30, 1902. No sign of abscess. General condition good. A. G. E. 180. A. G. F. 140.

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Male, age 5. Admitted to hospital February 7, 1902. Disease lower dorsal region with Psoas abscess in right iliac fosa.

February 8. 1902. Aspirated, and two ounces of fluid removed. Plaster of paris jacket applied.

March 30, 1902. No sign of abscess. General condition good.

Male, age 6. Admitted to hospital April 5, 1901. Potts' Disease, involving 9th, 10th and 11th dorsal vertebrae. January 20, 1902, aspirated.

March 30, 1902. No sign of abscess. General condition good. Wearing Knight spinal brace.

Male, age 7. Admitted January 24, 1902. Pott's Disease, involving 9th and 10th dorsal vertebrae. January 20, 1902, aspirated. Psoas abscess in iliac fossa, posteriorly.

March 30, 1902. No sign of abscess. Wearing Taylor spinal brace. General condition good.

Male, age7. Admitted January 7, 1901. Has had hip disease for several years Been wearing hip splint during that time. Aspirated on February 1st; March 15th; and March 29th, 1901. March 31, 1902. No sign of abscess. Doing well.

Female. Age 5. Admitted February 19, 1897. Potts Disease. November 1, 1900. Developed Ostitis both knees, with adscess on outer side of left knee, which was aspirated and has never refllled. March 30, 1902. No sign of abscess. General condition good.

Female, age 8. Admitted February 7, 1901.

March 13, 1902, developed abscess on outer side of left thigh, which was aspirated and half an ounce of fluid removed. Abscess cavity evidently not emptied, and on March 30th same condition present as on March 13th. No signs of infection.

Male, age 10. Admitted January 21, 1902. Disease of left hip. Abscess on outer side of thigh.

Aspirated February 8th and February 26th, and two ounces of fluid removed each time.

March 31, 1902. No sign of abscess.

Female, age 4. Admitted June 17, 1901. Left hip disease. One year's duration. Aspirated February 6, 1902. Abscess on outer side of thigh. One ounce of fluid removed.

March 31, 1902. No sign of abscess.

Of these ten cases, nine were cured, and while a very small number may again develop abscesses, we can say from past experience in other cases that if the abscess does not promptly refill, it rarely does so, and that if the fluid contents are entirely removed, and if perfectly sterile, the danger from another abscess at the same point, or from subsequent infection, is slight.

Nine of these were cured by aspiration alone, or over thirty per cent.

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of the total. Of the twenty-seven cases remaining, one, whose history is here quoted, may still be cured by aspiration; and of the remaining cases, one died a few weeks after the abscess had been aspirated. The abscess had not refilled, but we do not include this case in the list of cures by aspiration.

Of the remaining twenty-five, twelve opened spontaneously, and of these twelve, none have since closed. The average time that they have been open has been a little over three months.

Of eleven cases incised, nine still have sinuses, and two are completely closed. Of the cases that opened spontaneously, two went on to excision, and in both instances the patient subsequently died from exhaustion. The proportion of amyloid changes has been very slight in these cases, and it can be said that today all of them are doing well. It must always be remembered that cold abscesses are usually a complication of tuberculous joint disease, and that apart from the abscess complication, in many of them the disease is progressive and would cause fatal result without the abscess; and when we consider that many of these children have not only tuberculosis, but sepsis as well, the results seem particularly good.

Summed up in a few words, the treatment recommended is:

1. Carefully treat the joint disease.
2. If abscess appears, endeavor to keep it sterile.
3. Aspiration, unless there is some indication for incision.
4. If the abscess is sterile and incision is decided upon, do so under strict aseptic precautions.
5. If abscess becomes infected, open at once.
6. Use sterile water or sterile salt solution for cleansing the cavity, in both the sterile and the infected cases.

CERTAIN NEWER USES OF ELECTRICITY IN MEDICINE AND SURGERY.*

By G. Betton Massey, M.D.,

PHILADELPHIA.

In thanking you for the compliment conveyed in the invitation to address the Association I wish to express full appreciation of the honor conferred upon me. To meet southern medical men is indeed a pleasure to one who, if only for a brief period of a few months, was once one of them, and who still has many ties of kinship in a neighboring State, for in spite of the happy political unity of our country an agreeable sectionalism may be noted in the stimulating medical atmosphere of the Southern States, an atmosphere that has

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not only produced intellectual giants at home, but has contributed many of the best specimens of medical culture to northern and western cities. It is as an antidote, indeed, to the overzealous work of the followers of your own Marion Sims that much of my labor has tended, and, as it is an axiom in medicine that the remedy should reach the original site of the disease, it is but appropriate that the claims of conservatism in gynecology should be forcibly presented in Alabama.

Before adverting to the newer conceptions of the part to be played by electricity in the field first occupied by your noble fellow citizen I wish to speak of the modern views of the mode of action of this remedy.

No longer confined to the neuro-muscular stimulation of the older neurologists, medical electricity has within the past ten years made advances that are at least commensurate with its wonderful progress in transportation and other commercial and industrial uses. Analyzing these medical advances I may say that the chief factor has been the recognition of the power of this agent to modify the chemical interchanges of the tissues themselves, rather than the nerves. For instance, the value of electric currents in gynecology is now known to be largely due to their action on the tissue-cells—a stimulation of katabolism in the parenchyma of organs. This explains why the proper interval between galvanic applications to an enlarged uterus or inflamed appendages is important, permitting a proper anabolism, or building up effect, to succeed the destructive chemistry forced upon them.

The field of electricity in gynecology is a most valuable one because of the freedom with which we can thus set in motion these salutary trophic changes in congested, inflamed or hypertrophied organs. The same work can be done elsewhere in the body, particularly in the skin, for instance, but is peculiarly valuable in the pelvic organs by reason of the frequency of degenerative processes in this situation and of the fact that we can employ comparatively large currents in this region without pain.

With this key to our work it is readily seen that the trained office practitioner can do much for the cure of most uterine, tubal and ovarian affections, particularly when it is recalled that the great majority of the chronic affections of these organs are resultants of inflammatory processes. We are here, as office consultants and practitioners, called upon to combat the effects of microbic invasions rather than the microbic-phagocytic contest itself. It is as a stimulant of absorption, regeneration and tone that results are gained.

He who has this remedy in his armament will therefore approach the daily problems of the gynecologist with a different mental atti-

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tude from that now so unfortunately prevalent; his thought will be of re-construction, not destruction, and his goal, the restoration of function by restoring organs to their normal physiologic activities.

And let me pause here and point out the importance of the little ailments of women, those that trouble the poorly developed girl at every recurring period, as well as those that sap the cheerfulness, comfort and vigor of the young wife and mother. The standard works of the surgical writers deal freely with dysmenorrhoea, but what are the remedies offered? We are told to dilate the cervix when it has been proven again and again that no true obstruction exists, that accumulation of menstrual fluids never occurs in these cases, and that the seat of the morbid function is as often in the ovarian nerves as in the catarrhal uterus. The way to a lasting cure is by the chemical stimulation of the endometrium by galvanic currents in catarrhal cases, or by a stimulation of the whole pelvic circulation by vaginal applications in the ovarian cases.

The skill required in employing this extremely valuable treatment is shown chiefly in deciding when to use an intra-uterine application and when to direct the remedy through the ovary, with the active electrode in the latter case in the vagina. The intrauterine application should be restricted to catarrhal and hyperaesthetic cavities and in the absence of ovarian disease, and in these classes is quickly curative. But it is in the graver cases, with ovarian involvment, that the best results flow from electrical treatment, even though the results may be tedious in realization, for it is in this class that we can save ovaries from the inevitable operation that has ruined the lives of so many women. Of late I have added cataphoresis of mercury through the vaginal well to the purely electric method in this class, with the result of shortening the treatment one half. This latter method will even result at times in the resolution of chronic salpingitis, the mucopurulent collection in the tubes finally draining away through the uterus.

And now as to the little troubles that sap the cheerfulness, comfort and vigor of the young wife and mother. We specialists do not see these cases at this stage. But little indeed is said of them in the books, so much space must be given to the great operations. Yet the happiness of the American family is largely dependent upon the ability of physicians to conduct a woman healthfully through her procreative life. For some reason or reasons, possibly corset wearing, heavy underclothing, La Grippe, or bad sexual and general hygiene, the average woman does not come up to the standard of the Israelitish women in Ancient Egypt. Subinvolution is the rule rather than the exception, and the young woman leads a miserable existence from one

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confinement to another. These women have a right to demand of us comfort and happiness as well as mere life. The civilized law of monogamous marriage is often at stake.

In electricity we have the surest remedy for these abnormal conditions and their consequences, and it is most fortunate that the technical methods of application are the simplest in these cases. Mere vaginal faradic applications are useful even, since the conditions to be combatted are largely vasomoter and muscular.

Greater skill is required in the successful treatment of chronic metritis, and particularly of inflammatory diseases of the appendages. Simple metritis, when treated by the galvanic current, becomes the most curable catarrhal affection of any portion of the body, and in view of this fact it is incomprehensible to me that many physicians still persist in the use of the dangerous sharp curette in this affection.

The electric treatment of fibroid tumors remains the method of choice if the tumor has not degenerated, if it is not excessively large and thus a mortifying deformity, and if the patient prefers a long and tedious treatment ending in a permanent shrinkage to one-half or one-quarter its size, with a possibility of disappearance, rather than a dangerous operation that, if successful, leaves her unsexed and probably ruptured. In a large experience with the Apostoli treatment of fibroids I can recall but two or three failures to arrest the growth, due to inflamed appendages, all other cases suitable to the treatment being rendered comfortable for life by an arrest and reduction of the growth. An unimportant lump of fibroid tissue remains in the uterus generally, it is true, but it gives no further trouble, and the woman continues in possession of her bodily organs. All hemorrhagic conditions were cured and some tumors disappeared by absorption. In my opinion every town and city in this country should have an expert devoted to this work.

All work in electro-gynecology requires time and technic but is none the less important, for it is our duty to bring our best efforts to the service of our patients, even though tedious to ourselves.

I now wish to allude briefly to that recent discovery of my own which is sufficiently quick in results to command attention from mere surgeons as well as physicians. I allude to the destruction of cancers and sterilization of the tissues surrounding them by mercuric cataphoresis.

In this process or operation electric currents of ample power are made to convert quicksilver inserted within the cancer into soluble oxychlorides and diffuse the latter not only throughout the infected area, but also far enough beyond it to sterilize the latent cells at some distance from the apparent limits of the growth. These results are

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accomplished at one application if possible, the large current required usually necessitating that the patient be under a general anesthetic for a period varying from fifteen minutes to three hours. While the current is flowing the growth turns grayish, softens, loses vitality, a marked feature being the immediate disappearance of the brawny induration of malignancy. An inodorous, aseptic and painless slough is produced, coterminous with the growth, surrounded by a region of irritative sterilization, the slough coming away in fourteen to twenty-one days, leaving a healthy cavity to heal by granulation. Aside from its bloodlessness and painless after-effects, the chief advantages of this method that ensure freedom from recurrence are: all affected cells are killed, leaving none for re-implantation in cut edges; the region beyond the cancer proper is freed from cancer cells without destruction of healthy tissue; and the method may be used where the knife cannot reach the seat of disease. In applying it to fifty cases, usually exceedingly desperate instances of this terrible disease, I have met with 32 per cent. of cures, 57 per cent. of temporary palliations and a mortality of 14 per cent. A most valuable future is predicted for this method when its full capacities are developed.

Finally I should add that a minor variety of this procedure has been successfully applied to four cases of tubercular glands of the neck. In this application of mercuric cataphorisis to the sterilization of tubercular glands and abcessess a general anesthetic is unnecessary, an opening being made into the gland and a tiny gold tube coated with quicksilver inserted under the ordinary chloride of ethyl spray. Repeated applications of this method with very small currents result in complete sterilization of the affected area and final closure of the wound with a scar no larger than a pin head. The patients invariably recover strength and health rapidly under these applications, which form a definite mode of curing tuberculosis in accessible portions of the body.

Of the possibilities of this method in the immediate cure of chancre and late syphilitic deposits, and in the immediate destruction of carbuncles, etc., I can only make a favorable prediction, not having had an opportunity to test them.

THE MEDICAL AND LEGAL PROFESSION AND THEIR RELATION TO EACH OTHER.*

By Hon. John B. Duke,

LAFAYETTE, ALA.

When I come to consider the two leading professions of the world and their relation to each other, the problems which they have solved, and those hidden truths which yet remain to be found, and the great

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responsibility involved, my mind naturally reverts to the beginning, when God Almighty threw out from His fingers into space the worlds which constitute this universe, and when all was completed, in His omnipotence said, "Let there be light;" and there was light. Standing today above the soil instinct with His life-giving touch—a soil beneath which He has placed an inexhaustible supply of mineral wealth, which has been the means of building one of the most splendid cities of the South, the extent of whose future growth the world is at a loss to conceive, I am so forcibly reminded of the power, the magnificence, the grandeur, the sublimity of it all, that I am forced to exclaim, "How paltry are the thoughts, how insignificant the efforts of man!" And instead of confining myself to the thoughts and efforts of humanity, I am tempted to spend the time allotted me in extolling the glories of an omnipotent God. But I must come back to earth and my subject; and in so doing I am reminded of the thoughts of another: 'God Almighty is supreme in his power, His goodness and his wisdom. There is nothing so great or so insignificant that has not received the touch of His plastic hand. He created the heavens, and he created the earth; He made the ocean and He made a dewdrop; He made the lion, and He made an ant; He made the anaconda, and He made the caterpillar; He made the ostrich, and He made a sparrow; He made the doctor, and He made a daisy; He made a lawyer, and He made another.'

Having made us as above set forth, and with all the other creations of His mighty hand, it is not supposed that He intended us to be the exception to the truth that, God never created a useless thing in all His universe. That the Almighty intended the two professions to exist and to be of great good to the human race, is exemplified in the fact that Moses, the great lawgiver, saved God's chosen people from perpetual bondage; and the Divine Healer was the Saviour of the world. Regarding as I do that it was intended by the Supreme Being that the two professions should do much towards the preservation of the life, the health, the prosperity and the happiness of mankind, I, as an humble member of the legal profession, feel that there is an awful responsibility upon the members of these two professions as they go hand in hand for the amelioration and betterment of the condition of the human race. We stand, as it were, as sentinels upon the watchtower of life, human liberty and human progress. All along the varied scenes of our lives, we constantly hear the cry, "Watchman, what of the night?"

Wherever human life is tottering in the balance between disease and human skill, the place of the physician is there—to use all the powers of his mind in applying the remedies of an advanced science, to exercise all the skill known to a student of human nature to keep the patient's mind in proper frame, and, in short, if in the power of human agency,

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to give that relief to patient, to family and friends, which no other earthly power can give. Whenever the little blue-eyed boy or curly-haired girl is stricken down with disease and a scorching fever heats its little brow and racks its brain, what other name sounds so soothing to an anxious parent as that of "Doctor?" How eagerly is watched his every movement and expression of countenance, as he feels the pulse and smooths back the locks of the little one. How earnestly each one around the sick bed tries to divine "what the doctor really thinks about the case." Of course he knows all about it and what will be the ultimate outcome. It is expected that he should know it, and he does. And so he feels the pulse and looks knowingly and ominously. There is usually no one present who knows anything about medicine but himself, except possibly some old woman with whom he invariably agrees; and so, when he states a proposition, he is not continually annoyed, as the lawyer is, with the ever-present "I object." When the patient recovers, the doctor's praises are sung by the family, and if the bill is presented before the feeling of gratitude dies out, he may be able to collect something near what his services are worth. But he takes his fee, marks the bill "settled," and to the cry of "Watchman, what of the night?" he is able to answer "All's well." He is in love with his profession, and, if he is the right kind of a physician, he is not working for money alone, but to him the restoration of life and health of a human being is worth infinitely more than money. There is a wealth of comfort to him in the fact that his theory of the case was correct; that the means which he used were the proper ones; that the science put into practice, if old, has been re-established, and, if new, has been exemplified. He goes back to his office, orhis home, with hope in his mind and joy in his heart, resolved to get a yet further hold on his profession, and in the silence of his chamber to an enquiring conscience, he answers, 'All's well."

Whenever, through the enragement of passion, the excitement of drink, the avenging of some great wrong to loved ones, or in defence of self, a human soul has been sent to its final home, the services of a skilful lawyer are in demand to defend the slayer. All the skill of his trained intellect is brought into requisition. He spends days and sleepless nights thinking and worrying over the defence in the hope that his client may be saved and justice vindicated. For no lawyer ever had a client that was really guilty. He pores over his books looking for principle or precedent to establish his theory of the case. In his intense ardor in the cause of human life and human liberty he is absolutely absorbed in the cause of his client. Belief in his innocence becomes so firmly fixed in his mind that he feels that he will be responsible if his client is not acquitted. The time comes for the trial. The attorney

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does all that he can in the trial of the case, and the jury retire to consider their verdict. Court perhaps adjourns till morning. Others go to sleep—perhaps the prisoner himself. Does the attorney sleep? Not for an hour. He walks the floor of his chamber. His wife wants to know if he is sick. He tells her "Not much," and goes to another room and tries to sleep, but in vain. At last morning comes. Court opens; the jury file in; the clerk receives their verdict, and the words "Not guilty" are heard. The attorney smiles as though it was nothing but what he expected. His client grasps him by the hand and his brother lawyers congratulate him. He gets his fee—lawyers usually do that. But that is not half the remuneration he receives. He goes to his office rejoicing in the fact that his theory of the case was correct He was sustained by the judge and the jury, and he has been the humble instrument in giving life and liberty to an innocent human being. He resolves in his mind to climb yet higher in his profession. And in the silence of his chamber to that voice which asks, "Watchman, what of the night?" he answers, "All's well."

It is not unfrequent that in the practice of one of these great professions the other is called into requisition. Sometimes in the practice of medicine the skill of the physician fails and the patient is reminded that all will soon be over. An attorney is sent for, and the sick man disposes of all his worldly goods by his last will and testament. It has been suggested that it would be well for the doctor to inform himself on the law of wills that he might be able to write the will of his patient in case of emergency. This would call for the further suggestion that the less a doctor knows about medicine, the more he ought to know about the law of wills. It has been gravely questioned, however, whether a current rumor that a physician was preparing himself thoroughly to write wills for his patients would enhance the number of his patients.

Quite often in the trial of causes the medical expert is needed, and it is always the desire of courts of justice that the best informed and the most truthful and conscientious doctors should be called. Medical jurisprudence is defined as "that science which teaches the application of every branch of medical knowledge to the purposes of the law." Anatomy, physiology, medicine, surgery, chemistry and physics lend their aid as necessity arises; and in some cases all these branches of science are required to enable a court of law to arrive at a proper conclusion on a contested question affecting life or property.

The subject of medico-legal knowledge should be studied by every practitioner of either profession, and the best authors on the subject should have our most careful attention. From perusing the writings of a most eminent author I have been enabled to cull some thoughts that

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are worthy of consideration on this question of medico-legal knowledge and its great importance to the world. 'The variety of subjects which a medical man is required to have knowledge may well alarm a student, and lead him to suppose that, as he cannot make himself perfectly acquainted with all, he may well forego the labor of preparing himself in any. But this would be taking an erroneous view of his position. This description of the qualifications necessary to constitute a normal witness in a court of law must not deter him from entering upon his study. It is assuredly beyond the mental power of any individual that he should be at the same time profoundly versed in all the principles of medicine and jurisprudence, and that he should be able to answer all possible questions and encounter and remove all medical difficulties that may occur during the trial of a civil or criminal case. All that the law expects from a man is a fair average knowledge, not merely of his profession, but also that which falls under the province of a medical witness. There can be no doubt that the more perfectly a man has made himself master of his profession, the better will he be fitted for the duties of a medical witness. But notwithstanding this, the duties of a medical witness are distinct from that of a physician or surgeon; the latter looks only to the treatment of disease or accident and the saving of life; but the object of the former, in a large portion of cases is, whether in reference to the living or dead, to aid the law in fixing on the perpetrator of a crime, or to rescue an innocent person from a falsely imputed crime. Thus he may be required to determine in a particular case, whether cause of death is natural or violent; and for this purpose it will be necessary for him to make an entirely new application of his professional knowledge. He has now the difficult task of making a selection from those parts of the medical sciences which bear upon the legal proof and development of crime.

'Some members of the profession have been inclined to look upon medico-legal practice as an unnecessary addition to their ordinary duties; but there are few who have been long engaged in practice, who have not found themselves occasionally placed in situations of difficulty from the accidental occurrence of causes demanding medico-legal investigation. A medical man is summoned to attend a man suffering from the effects of poison criminally administered, but at the time he may have no knowledge, or even suspicion, that poison is the cause of the symptoms. In spite of the best treatment, death ensues; here the functions of the medical practitioner end, and those of the medical witness begin. It is entirely impossible that he can now avoid giving evidence, or shift the responsibility on another; the law will insist on his appearance in court. It will here be assumed that, as a licensed member of his profession, he is fully competent to answer every question

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put to him by the court or the attorneys relative to the general effects of poisons, the quantity required to destroy life, and the time in which a poison may prove fatal. It may be objected to this evidence that the deceased had died from the effects of disease, and not from poison; in which case the cross-examination will lead to a searching inquiry into all those diseases which resemble poison in their symptoms and post-mortem appearances, as well as the means of making a certain distinction between them; and the fallacies to which the chemical processes for the detection of poison are liable.'

'On another occasion a medical man may be called to render assistance to one who has been stabbed in a quarrel, and who speedily dies from the wound. The office of the surgeon here ceases, while that of the medical jurist commences. He must now be prepared to answer numerous questions, all bearing upon the legal proof of crime, all necessary in law, although apparently superfluous in surgery. Thus he may be asked to state the precise character of a wound inflicted upon the body of a man soon after death; and by what means a particular wound was inflicted. Was it homicidal or accidental? The amount of blood lost? Whether the person could have moved or performed any act after receiving it? Are certain red spots found upon his clothes, or upon a knife belonging to him, owing to effused blood, or other causes? Whether any and what statements were made by the dying man? And what were the precise circumstances under which they were made? It need hardly be observed that questions of this nature are rarely noticed, except in a cursory manner, by professors of chemistry or surgery, and a medical man is not likely to acquire the means of answering them by intuition. On the other hand, regarding ourselves as living in a civilized state, in which the detection and punishment of crime against life and property are indispensable to the security of all, it is impossible to overrate their importance. Unless a witness in able to return answers to these questions when a public necessity occurs, a guilty man may escape punishment, while an innocent man may be condemned. He may thus seriously injure his own reputation, for it is certain that his qualifications as a physician, surgeon or general practitioner, however great, will not shield him from general censure. Thus, then, it is obvious that the duties of a medical jurist are of a highly responsible nature and of great importance to society, while the cases which call them into exercise are of purely accidental occurrence. A medical practitioner who thinks himself secure in the most retired corner of the State, is liable to find himself suddenly summoned as a witness on a trial to answer questions which, perhaps, during a long period of practice, he has been led to regard as unimportant. Under the circumstances, it is scarcely possible that he can avoid exposing his deficiencies, and the

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final queston will be, 'Have you ever attended to or thought of these questions before?' A negative answer to this question, while it commonly brings with it public censure, will in most cases lead to an erroneous verdict of the jury as to the guilt or innocence of the prisoner at the bar.'

The records of courts of law contain many unfortunate exposures, which might have been easily avoided, had the witnesses only availed themselves of the opportunities afforded them of acquiring a knowledge of the subject.

'Some medical men who have treated legal medicine with indifference have occasionally ventured to act as witnesses, thinking that the subject upon which they were likely to be examined was so little known to judge and counsel, that even hazardous or rash statements would escape observation. Such witnesses, however, have found to their cost that they were laboring under a fatal delusion. Various circumstances have led in recent times to the acquisition of much medico-legal knowledge by lawyers, especially in relation to questions of wounds, child-murder, poisoning and insanity, and they are not slow in detecting and exposing a mere pretender who attempts to shield himself by vague or evasive statements and technical language. Another fact must be borne in mind: there are few lawyers engaged in any civil or criminal case of importance who do not fortify themselves under medical advice, with a full knowledge of the views of standard medical writers on the subject in dispute; and with these books before them, he must, indeed, be a clever witness who can succeed in passing off an evasive answer to a medico-legal question. So the great importance of a thorough study of medico-legal questions is apparent; and it is necessary to the absolute success of a medical practitioner.'

Frequently the life or death of the prisoner at the bar depends upon the testimony of some physician or surgeon who never saw the prisoner before the day of trial and who knows nothing whatever of the facts of the case, except from what is stated to him by the attorneys or the court in hypothetical questions. The responsibility that thus falls upon the medical practitioner is not the same as that of an ordinary witness. It is to his knowledge of the science which he professes to know and to his truthfulness and honesty that courts must look for the dispensing of justice which would otherwise become uncertain and unreliable in the extreme. While so great responsibility attaches to the testimony of an expert witness, he having spent a life-time in qualifying himself for the successful practicing of his profession, his services and his opinion are infinitely more valuable than the testimony of any other character of witness. Testifying, as he does, to theories or science, and not to the facts of the case, it has been held by the courts in many of the States

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than when a medical or other expert witness is called in a case, he has a right to fees for his opinion in addition to the compensation of an ordinary witness. In the State of Alabama, however, it is held by our Supreme Court that an expert witness owes it to justice to tell what he knows of his science relative to the administration of the law, without any compensation, except the per diem and mileage of an ordinary witness. While it is perfectly fair and right that every man should be forced to tell from the stand what he knows of the facts of a case, it is a matter of grave doubt whether a medical man should be forced to attend the trial of any case where he knows nothing of the facts and give his time and the benefit of his knowledge acquired after years of study and labor and receive nothing for it but the fees of a witness to facts. The statement of the facts suggests the advisability of some legislation on the subject.

While to the casual observer it may not so appear, yet the science of medicine and the science of the law are so interwoven that, like the succession of day and night, it is impossible to always ascertain precisely where the one ends and the other begins. Take, for instance, the subject of a diseased mind. While the medical man delves into his occult science to find a cause for insanity, and ascertains the symptoms of the disease, the man of the law takes up these symptoms and applies to them legal rules of responsibility; and the world does not understand to which of these two professions the subject properly belongs. The student of this subject, however, understands that the achievement in this great branch of learning has been accomplished by the efforts of both the student of medical science and the apostle of the law: and it has been a matter of difficulty sometimes to determine which has done the greater part. A few years ago a masterly opinion of the Supreme Court of Alabama was delivered by an eminent member of that learned trio then on the Supreme Bench. The opinion went out on new lines on the subject of insanity; it struck down some of the old but faulty theories on this subject—principally among which was the right and wrong test of insanity—and the legal world wondered at the great research and the profound learning the opinion disclosed. The distinguished jurist took his place among the great medico-legal writers of the day, yet it is thought by many best acquainted with the facts that a great deal of praise is due to Dr. Brice for the great aid he rendered the learned jurist in this masterly piece of reasoning and research which has given the judicial world a more sensible and reasonable theory of insanity as a defense for crime. It is due to the learning of both of these great men that the opinion in the Parsons case was given to the world, and the fact that it is quoted today as a leading case on that subject is a compliment to the one as well as to the other. Judge Somerville in this decision holds that the old theory of criminal re-

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sponsibility depends upon whether the perpetrator of the crime knew right from wrong, is not good. For a long time the leading case on the subject of insanity as a defense for crime was the celebrated McNaghten's case, decided in 1843 by the English House of Lords. It was decided by the judges in that case that in order to free one from legal responsibility for his acts, it must be shown that at the time of committing the offense, he was laboring under such a defect of reason, from disease of the mind, as not to know the nature and quality of the act which he was doing, or if he did, not to know that what he was doing was wrong. This rule had been adhered to by the general current of English and American adjudications until the Parsons case was handed down by the Alabama Supreme Court in the year 1886. Science had led the way from the faulty theory of the McNaghten case, but the courts theretofore had refused to follow the lead of science, and so late as the year 1862 the Lord Chancellor of England made the strange declaration that, "the introduction of medical opinions and medical theories into this subject has proceeded upon the vicious principle of considering insanity as a disease." There is no doubt that under the ancient theory of the right and wrong test of insanity and the tendency of courts to regard insanity, not as a disease, but as a result of a demoniacal possession and the insane as the self-made victims of evil passions, "the memorials of our jurisprudence are written all over with cases in which those who are now understood to have been insane, have been executed as criminals." In the celebrated case of the United States vs. Guiteau, still fresh in the memory of many present, the defendant was charged with the murder of James A. Garfield, then President of the United States, which occurred in July, 1881. The accused himself testified that he was impelled to commit the act of killing by inspiration from the Almighty, in order, as he declared, "to unite the two factions of the Republican party and thereby save the government from going into the hands of ex-rebels and their Northern allies." In the light of the present day, it is not to be wondered at that many who read the proceedings of that famous trial have come to the conclusion that the poor devil who took the life of Garfield was no more responsible for the act than a helpless babe. That the capacity to distinguish right from wrong is not a fair test of insanity is demonstrated by the fact that quite frequently an insane person committing a crime will show great ingenuity in concealing the crime and in covering up his tracks, after the crime has been committed. A few years ago in England, woman after woman was disemboweled and it was impossible to ascertain and overtake the murderer, so skillfully were his crimes committed and all trace of him concealed. His crimes were all committed in the same manner and apparently without motive. Yet,

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with all this evidence of shrewdness and skill many prominent experts on insanity believe that this person was insane.

In the now famous Parsons case the distinguished jurist delivered the opinion of the court lays down the following inquiries which he says should be submitted to every jury empaneled to try a criminal case when insanity is set up as a defense: 1st. Was the defendant at the time of the alleged crime, as a matter of fact, afflicted with a disease of the mind, so as to be idiotic, or otherwise insane? 2nd. If such be the case, did he know right from wrong as applied to the particular act in question? If he did not have such knowledge he is not legally responsible. 3rd. If he did have such knowledge, he may nevertheless not be legally responsible, if the two following conditions occur: (1) If by reason of the duress of such mental disease, he had so far lost the power to choose between the right and wrong, and to avoid the act in question, as that his free agency was at the time destroyed. (2) And if, at the same time, the alleged crime was so connected with such mental disease, in the relation of cause and effect, as to have been the product of it solely.

The above rules laid down in the Parsons case, after a long course of reasoning, will in future furnish a true guide for the trial of those criminals who seek to avoid responsibility on account of mental derangement; and for the investigation, thought and learning which brought forth the just and enlightened principles here enunciated the medical profession is entitled to no less of credit than is due the law.

The similarity of the two professions is greater than at first thought would appear. The doctor and the lawyer each is paid fees for his services. The amount of the fees of each is dependent upon the nature and importance of the case and the ability of the patient or client to pay, as, notwithstanding the adverse criticisms some times made about our charges, the doctor or lawyer will always fix the amount of his fees according to the ability of his patient or client to pay, and those who are too poor to pay for our services are not turned away. And in passing I would ask, Is this true of the other vocations in life? Will the carpenter, the architect, the mason, the blacksmith, the mechanic work for the poor any cheaper than for the rich? Doesn't the poor man pay the same toll at the mill that the rich man does? Does not the price of his apparel, his food and his raiment come just as high to the poor man as to the rich? and, if he hasn't the money, doesn't he go away empty-handed, his children suffering for the necessities of life? Does the bank lend its money any cheaper to the poor than to the rich? How often has the poor man knocked at the door of other vocations and been turned away empty, exclaiming in his heart with the poet as he went:

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"Is there no secret place on the face of the earth,
Where charity dwelleth, where virtue hath birth;
Where bosoms in mercy and kindness will heave,
Where the poor and the wretched shall ask and receive?
Ah! Search the wide world wherever you can,
And there is no open door for the moneyless man."

The similarities of these two professions is seen in the fact that it is the policy of each profession to keep out unworthy members. That they have in a measure succeeded in this is shown by the fact that the two professions today are among the most honorable vocations of man Each of these professions in its way protects life, liberty and property, and encourages the pursuit of happiness. The doctor in the sick chamber protects the life and liberty of the patient; the lawyer in the court room protects the life and liberty of his client. The doctor protects property as well as life in his advice and influence in directing sanitary regulations, as nothing more affects the value of property in towns and cities than their sanitary regulations: the lawyer protects the property of his clients in the wriing of proper deeds and in defending their property rights in courts of justice. The protection of life, liberty and property is the encouragement of the pursuit of happiness.

With the principles and tenets of these two great professions firmly fixed in the minds of their followers there is yet great good to be accomplished in their strict observance. Standing today almost at the beginning of the 20th century, and looking back down the corridors of the ages and noting the advancement made in these two professions "since time was young," we may gather hope for a greater future and a grander destiny. Being reminded of the fact that cases were once tried and justice administered by a decree of the court that the parties in dispute should enter a ring and by a physical combat, which was called "trial by battle," determine the justice of their cause, thus giving the verdict to the strong; and noting the great improvement today in the legal principle, that no man shall be deprived of life, liberty or property, except by a verdict of a jury of his peers, the lawyer finds comfort in the fact that his profession has made great strides toward a more perfect system for the administration of justice between man and man, and he rejoices in the hope that in the future it will mold itself to the needs of an advancing civilization. When the doctor of today reflects upon the fact that the means of treating fever, for instance, but a few generations back was to deprive the patient of that which tended mostly to reduce the fever, and when he considers the great improvement in the treatment of that and many other diseases that could be mentioned, he may rejoice in the fact that his profession

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has kept pace with the advancement and progress of the world. The past, however, is not without its bright particular stars in each of these professions; and it is with wonder that we look back to the achievements of some of our predecessors. Compared with some of those who have gone before, we are but pigmies, but we have the benefit of their experience and their research and their learning, and we can climb upon the shoulders of these great men of the past and can thus see further than they did. Having the benefit of the experience and learning of our predecessors, the 20th century should develop in each of these professions a more perfect science, more learned, more consecrated and better practitioners. There is no end to the advancement of science! Sir Isaac Newton once said: "By close application I have been able to gather a few bright shells upon the shore, while the great ocean of science, with its myriads of bright gems, lies out unexplored before me." Having the benefit of the learning of the past ages and with the experience of our predecessors to aid us, we have during the past century, been enabled to pick up a few bright shells upon the shore, while the great ocean of the science of our profession lies out unexplored before us. The man who is married to his profession; he who is willing to put his heart and soul into his work, and to strive with an ardor born of determination may be able to garner some of these bright gems of truth. "It is well worth a life to hold in fee."

SOME REASONS FOR THE PAST FAILURES IN THE TREATMENT OF THE MORPHINE HABIT.*

By Geo E. Pettey, M.D.,

MEMPHIS, TENN.

I hardly think it necessary to make an extensive appeal to medical literature to remind this Association that failure has been the almost universal result of attempts at treatment of the morphine habit. Your own observation and experience has doubtless convinced you that such is the fact. So far as I can judge from the expressions of physicians with whom I have discussed this subject, and from its literature, little hope has been held out to this class of sufferers by our profession.

Anders, in his recent work on Practice says: "The treatment is manifestly difficult" and that "the likelihood of a cure is extremely remote." DaCosta says "There is no remedy for the opium habit."

*Read before the State Medical Association, April 16-19, 1902, Birmingham, Ala.

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These opinions are based upon the accumulated experiences of the past and it must be admitted that the extreme rarity of curing a patient of this class by any of the methods known to medical literature fully justifies these conclusions.

The treatment of Morphinism has usually been undertaken in one of three ways, known respectively as the "Sudden Withdrawal," the "Rapid Reduction" and the "Gradual Reduction" methods. The names by which these methods of treatment are known indicates the general course of procedure in each. The gradual reduction method has been the one most often resorted to and until recently it has had the almost universal indorsement of American authors. As my time is limited, I shall consider the reasons for failure when this method has been resorted to.

In this method, without preparatory treatment, the supply of the drug is diminished day by day, until in the course of four to twelve weeks the last of the drug is left off. This entire course of treatment is attended by general malaise, wakefulness, restlessness, nervousness and at times by persistent nausea and diarrhea with extreme prostration, and, usually, by the time the last of the drug is left off the poor wretch is so exhausted that he is unable to maintain himself without resort to stimulants.

Of this condition Erlenmeyer says: "The patient after withdrawal is left in such a condition of physical weakness and mental dilapidation as to be the victim of intolerable suffering and unfit for enjoyment or application to work. He cannot sleep, he has no appetite, often vomits, and feels too much used up to rise from bed. This condition continues for a long time and grows worse from week to week. Various attempts at cure prove useless. A return to morphine is the only remedy."

To palliate this condition strychnia and alcoholic stimulants were usually freely administered with chloral and other hypnotics to induce sleep. The drug in the system was considered "The Malady" and the thing to fight. To withdraw or discontinue that was the aim of all therapeutic endeavor.

In order to see more clearly wherein past methods have been at fault, let us consider the pathology of this condition. Structurally, we will say that the pathology is nil, as no structural changes are discernable either in the brain or other tissues of the body. The pathological changes are entirely of a functional nature, but these are marked and well defined, and are most noticeable in the digestive tract. The tongue is coated, the breath is foul, constipation is habitual, appetite is poor, digestion is much impaired and the powers of assimi-

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lation are so diminished that the entire muscular and nervous system is in a state of semi-starvation. Oxidation of the blood is imperfectly accomplished, excretion and secretion are impaired and the entire system is surcharged with the products of de-nutrition.

Let us consider the effects of the first dose of morphine introduced into the system. These are a state of quietude or torper, drowsiness, soon succeeded by sleep with diminished or completely arrested peristalic action, constipation, with reduced activity of all the secreting and excreting glands. In the course of eight to twelve hours the hypnotic effects as well as most of the other effects have subsided and the functional activity of the system has become normal and, possibly, secretion and excretion are carried on at a slightly accelerated rate, but it requires several days for this increased activity of the excreting organs to free the system from the products of waste that should have been eliminated during the time these functions were retarded by the benumbing influence of this drug. Now, if before that is accomplished, another dose of the drug is taken, the eliminators are again interfered with in their work, and if this is repeated from day to day the system soon becomes surcharged with the products of tissue disintegration and their fermentive products. These products play a much more important role in causing the difficult complications met upon the withdrawal of morphine, known as abstinence symptoms, than does the drug itself.

It cannot be shown that the drug in the system, or its oxydized product—oxydirmorphin—atom for atom, are more poisonous to the patient than are the products of tissue disintegration, and since these are present in many times greater quantities than the drug, or its product, they should be looked upon as the chief pathological factor, so far as the physical disorder is concerned. In the treatment of these addictions the drug in the system is not so much to be contended with as are the products of waste which it imprisons therein.

Pari passu with this physical poisoning go the mental changes. The will power is greatly impaired, mental activity and independence of action and thought are diminished and in their stead a state of indecision and dependence with a morbid dread of pain are established, the drug user becomes thoroughly confirmed in the belief that his well being and even his life depend on his receiving his supply of drug regularly. This completely robs him of independence or self-assertiveness. The mind is blunted, inactive, servile, dependent; unable to receive with acuteness new impressions or to readily recall those formerly received. He feels that he is a helpless victim in the clutches of a monster with whom he is totally unable to cope: his mental surrender and enslavement are complete. These mental

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impressions are deep and lasting and even if the physical disorder is fully overcome, this mental state alone, if left uncorrected, will perpetuate the habit.

While morphinism has been classed as a mania and the importance of the mental side has been insisted upon by some medical writers, in the treatment usually advised the mental element has not received that practical recognition that its importance demands or that could reasonably be expected to correct such a disorder. In fact the course of therapeutic management has usually been such as to perpetuate the mental habit, the mania, rather than to overcome it.

Let us examine the leading features of a case treated by the gradual reduction method and see if there is anything in that course that could be expected to cure a mania. The patient is taking, say 20 grains of morphine a day at two doses, hypodermatically. The physician plans to reduce the dose by one grain a day for the first ten days and then by a less quantity until zero is reached in thirty or forty days. After the first three or four reductions the dose does not entirely relieve the patient nor does that measure of relief last until the time for the next dose. Several hours before the time for each succeeding dose the patient begins to be more uncomfortable and to look forward to the next dose. Time drags heavily and as the hour for his dose draws nearer his suffering increases and his anxiety for the drug is greater.

Thus his mind dwells on the drug and its effects from hour to hour and his dependence upon it is more deeply impressed upon him. This is continued day after day and as his doses grow smaller, the relief is less complete and the hours of suffering longer.

While the reduction was being made, each injection gave a measure of relief, and the patient was thus taught to expect and depend upon them for relief and notwithstanding the fact that the zero point in the reduction may have been reached, the physician finds it still necessary to give the injections at the accustomed time, and while they now contain no opiate, about the same measure of relief is obtained as when they did contain the opiate simply from the mental impression, suggestion of relief, which the patient had been taught to expect from them.

When the patient had been taken off his drug by this process and kept off by supervision and restraint for a few weeks, and his physical condition sufficiently improved he was discharged as cured, notwithstanding the fact that the profound mental impressions made on him during this protracted and trying ordeal were still vivid and uneffaced.

Now I contend that no matter how excellent such a patient's physical condition may be, he is not cured of the habit in any reasonable sense of the word, but that he is still as truly a morphiomaniac as he

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was the day the treatment was begun and even more so. Such a patient will as certainly return to the use of the drug as he is given his liberty, not because all morphine patients relapse, but because he was not really cured. This long drawn out course of treatment, the repeated anticipation and realization of relief from the drug, coupled with entire failure to get relief from other sources, has so intensified and perpetuated his dependence upon the drug, that the mental disorder, the mental habit, the mania is as strong as ever and will control his conduct.

In order to be successful the therapeutic management must be such as will overcome the mental habit, the mania, as well as cure the physical disease, but instead of the gradual reduction method doing that, it is the most effective manner of perpetuating this mental disorder that the ingenuity of man could advise.

Mental impressions, ideas, control the conduct of men, in fact, the habits of life, the character, is simply the sum or product of the mental impressions received by the individual.

It is a well known fact that some of the greatest geniuses the world has ever known were dominated by one idea; also that many insane persons are perfectly sane upon all subjects but one, but, upon that they are intensely insane. Without any discernable change in either the function or structure of the brain, this one idea has become so implanted in the mind that it is dwelt upon to the exclusion of all others. This is true of the morphiomaniac. Upon all other subjects he may be perfectly sane, but upon this he has a mania. In his case this mania is the product of suggestion. The frequently repeated thought—auto-suggestion—of relief, of a state of well being from the use of the drug has so firmly implanted this idea in his mind that he inevitably follows it. It has been fully demonstrated that mental impressions can be so fixed in the mind, so indelibly stamped upon the mental machinery, by suggestion alone, that such impressions will dominate the life of the individual.

To illustrate the power and permanency of mental impressions, I will relate an incident in the life of a prominent minister, which is well vouched for. After partaking of a sumptuous repast with one of his parishioners, this preacher set out on horseback for his next appointment. After riding several miles through the woods he came to a small strip of prairie. Upon entering this he noticed the carcass of a horse a short distance from the road in a high state of decomposition. The odor from this was so disagreeable that before he could pass it he was intensely nauseated and vomited freely. He says he thought nothing of this, as a disagreeable odor would often nauseate him, and that he had not thought of this experience for many months,

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when, more than a year afterward he had occasion to pass that way again. Upon arriving at the little prairie and seeing the bones of this animal, notwithstanding no odor emanated from them, the impression made on his mind on his former trip recurred to him with such force that he at once became sick at his stomach and vomited.

Now, if a single impression can have such a deep and abiding effect on a normal man, how much more lasting may we expect these impressions to be on one whose mind is already warped and subdued to a state of dependence upon a drug, if that dependence is accentuated by the repeated expectation and realization of relief from its use. Is it not reasonable, in fact inevitable, that these impressions, made day after day throughout a protracted course of treatment, should become an integral part of the man's mental state; that they should dominate his conduct as completely as a mania of any other type would do? Is it not a matter of common experience that mental states do dominate men in all the walks of life? Then why should we not look for it and acknowledge its potency in the morphiomaniac? When we do this and intelligently plan our course of treatment so as to effectually correct this mental disorder at the same time that we cure the patient of his physical disease, we may reasonably expect success to attend our efforts, but not until then.

In the last October number of the Therapeutic Gazette I recorded what I have, in the treatment of a series of three hundred cases, found to be a successful course of therapeutic management of these addictions. In that article I called attention to the psychological element, but did not there insist upon its importance. It is essential to recognize the fact that you have to deal with a condition presenting a dual disease, a mental and a physical disorder, either of which would be sufficient to control the conduct of the patient and cause a return to the use of the drug even if the other were entirely overcome.

Instead of pursuing a course of therapeutic treatment that will intensify the disordered mental state, the therapeutic measures should be such that they may be used to correct the mania, overcome the patient's dependence upon his drug and establish confidence in himself. A patient of this class should not be considered cured until his mental as well as his physical equilibrium has been restored.

TWIN PREGNANCIES AND CASES.

By Hugh Boyd,

SCOTTSBORO, ALA.

Twin pregnancies are very rare, occurring once in about every sixty-eight pregnancies in America, once in sixty-three in England, once in eighty-five in Germany and once in ninety in France. The statistics not only vary in different countries, but also in different parts of the

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same country. Also with the latitude and race. While the influence of country and race has its bearing more or less in the production of twins, still that which exerts the greatest predisposing causative influence, are heredity and the multiparous state, double pregnancies being much more frequent in multipara.

Of the signs, symptoms, and causes of twin pregnancies, I shall not speak—for anyone who has a good knowledge of obstetrics can work out for himself the first two, and the last I leave for authors, on which they may theorize, holding myself that heredity and the multiparous state are predisposing. I do not believe it is the rule for a uterus to carry twins to term. Some are lost in the fifth and sixth months, while more are carried to the seventh and eighth months, the majority miscarrying between the seventh and eighth months, and but few, especially if both children weigh as much as five pounds each, are carried longer than the eight month. And as an apology for reporting these cases, I mention that their size and their going to term are out of the ordinary, and may be of interest to some.

In an obstetric practice of eighty cases, I met up with five twin pregnancies, three of which went to term, and two others miscarried at five and a half months, these not being reported, as they present nothing interesting. These cases are interesting from the size of the children, the fact that they went to term, and all the children born alive. I fail to find in statistics cases which report a twin pregnancy with children weighing more than seven and one-half pounds, and both living. I find reported those with one dead and the other weighing as much as eight and ten pounds and even more, but none with both living and both together weighing more than fourteen and one-half pounds.

Four of these cases were multipara and three had claims to heredity. In those that miscarried, the cause could be ascribed to other elements than from the uterus.

Mrs. S., age 35, large woman and mother of six children. She had never been delivered of twins before, nor had any of her relatives. This was her seventh pregnancy, and occurred as follows: The labor was protracted on account of the excessive distension of the uterus, and feeble pains, due to this cause. The first presentation was a left foot with toes to the right and anterior. A male child was born which weighed eight and one-half pounds. The second presented R. O. A. with right arm over the head. A female was delivered which weighed eight and one-quarter pounds. There were two membranes and two placentae, separated by a septum.

Case No. 2.—Mrs. E. S., medium sized woman, age 26, and mother of three children, having been delivered, at her last confinement, three and one-half years before, of twins, male and female.

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The deliveries in this case were uneventful; two girls being born, both presenting R. O. A., one weighing seven and the other six pounds. The septum was very thin, and the placenta was seemingly one large mass, into the opposite sides of which the cords were inserted.

Case 3.—Mrs. Wm. C., small woman, age 29. mother of three children. Labor easy. Feet, not knees, presented in both cases, with the toes anteriorly and to the right in the first—boy; and posteriorly and to left in second—a girl.

The boy weighed four and one-half and the girl six and one-half pounds. The septum was very thick, dividing the placenta, into the center of each, the cords were inserted.

A SYSTEMATIC ALTERATIVE EFFECT.

The following from Gaillard's Medical Journal, by Dr. A. H. Ashley, of Boston, Mass., will interest our readers because of the original way in which he expresses his pronounced admiration for something tried, trusted and not found wanting. The letter was written to our old friends, The Antikamnia Chemical Company, and reads as follows:

Gentlemen: Your various combination tablets, as well as antikamnia tablets have been used by me for a number of years, and I can only say that they have uniformly given me the best results. But, my dear sirs, why have you waited so long to give us the very best combination of them all? I, of course, allude to your "laxative antikamnia & quinine tablets."

If there is anything known to the medical profession which will take their place in that class of diseases, where one wishes to relieve pain, control the temperature and at the same time produce, by laxation, a systematic alterative effect, it has not been my good fortune to find it. In those cases of severe neuralgia, and particularly in ovarian and menstrual pain, where morphine was our only hope (and where, after its administration, we had indigestion, bowels bound up, nausea, habit, etc.), you have in Laxative Antikamnia & Quinine Tablets a remedy which will, my experience has taught me, replace morphine and meet all requirements.

I am slow to be carried away by enthusiasm for any drug or combination of drugs, but I freely and voluntarily confess that in these tablets you have given to the profession a remedy so effective and reliable in its action that it affords good excuse (or a mitigating circumstance anyhow) for a little effusion from one who, as a general thing, is not given to gushing.

With my best wishes for your future and many thanks for your elegant preparations, I am sincerely yours,

A. H. Ashley, M.D.

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Selected Articles.

PROFESSOR HERMANN NOTHNAGEL.

(From the "Weiner medicinische Wochenschrift," Oct. 12, 1901.)

On the day after tomorrow, at the First Medical Clinic in Vienna, there will take place the unveiling of a statue of Nothnagel erected by his disciples on the occasion of the savant's sixtieth birthday. In accordance with the express wish of Nothnagel, the celebration of the event will be strictly private, and strictly confined to the circle of the former and present physicians connected with the clinic; but the entire



PROF. HERMANN NOTHNAGEL.

medical profession of Austria will be present in the spirit, if not in the flesh, at the celebration of the anniversary of a man who has been to them a shining example as a sympathetic teacher, a humane physician, and one of the noblest of men.

Nothnagel today is at the height of his scientific activity, which dates from the year 1865, when he was appointed Leyden's assistant in Konigsberg. In 1867 he was Docent at Breslau; in the yeas 1872 and 1873 he taught in the capacity of professor at the policlinic in

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Freiburg in Baden; later he was Orlinarius in Jena from 1874 to 1882, when he was called to Vienna. His first celebrated work, "Handbuch de Arzneimittedlehre," appeared in 1870. This was followed by two essays replete with original observations: "Topische Diagnostik der Gehirnkrankheiten," in 1879, and "Beitrage zur Physiologie und Pathologie des Darmes" in 1884. Experimental investigations of the highest importance are contained in these publications, as well as in shorter compositions on the brain, the effect of lightning, temperature-sense, vasamotor neuroses, convulsions, Addison's disease, and the cardiac regulating mechanism. More recently, Nothnagel has written on two modern subjects, "Compensatory Processes in Pathologic Conditions" and "Vascular Pain." Since the year 1894 he has been engaged in editing the great "Specielle Pathologie und Therapie," for which he himself wrote the volume on the "Diseases of the Intestine and Peritoneum." This magnificent work is now being translated into English and published by W. B. Saunders & Co., of Philadelphia.

Nothnagel's imposing and winning personality shows itself in his intercourse with patients, and especially in his relations with students. We shall never forget the morning of the 16th of October, 1882, when he entered the clinic for the first time and delivered his maiden address. The student body had made his acquaintance a few days earlier, in the capacity of examiner. The logical, thorough and scientific manner in which he made six applicants go through the examination of a case of pleural pneumonia, and the meticulous precision with which he entered into the details of the pathology, and especially of the treatment astonished every one present, and filled those who were sure of their subject with pride, while the exquisite courtesy he displayed toward the candidates, whom he in a sense treated as colleagues, aroused a feeling little short of enthusiasm. We soon learned to love the learned foreigner whose motto is contained in the words, "If a German is to be really touched by anything, it must strike an ideal cord." The opening words of Nothnagel's lecture contained a reference of respect to the memory of Duchek and Skoda. The change from the idyllic peace of a Thuringian country town to the busy metropolis, he said, and the thought that he was to be the successor of such men as Duchek and Skoda, would be calculated to make him lose courage if he were not buoyed up by his earnest determination to teach his Vienna students to the best of his ability. He then went on to discuss the scope of clinical instruction which is intended as a scientific training for the practical branch of medicine. It presupposes on the part of the student the requisite knowledge of the natural sciences, anatomy, histology, morbid anatomy, physiology, general and special pathology,

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pharamacology, and chemistry, and a familiarity with the technic of auscultation and percussion, of ophthalmoscopy, laryngoscopy, and microscopy. "You see," continued Nothnagel, "what it is that I mean, and what I wish to bring about; the all-around training of a practising physician. There is no doubt that the tendency toward specialization in practical medicine is beneficial in the main, because it makes a more thorough study of special subjects possible; it may even be indispensable for the performance of certain technical operations; but this much may be expected from the practising physician—that he should know enough of the so-called specialties at least to enable him to make a diagnosis and to read the indications." He closed his lecture with the words which have since become famous: "Knowledge obtains ethical value and true meaning only by being used. It takes a good man to make a good physician."

Nothnagel is more; he is also a great physician. During the twenty years of his activity in Vienna he enriched the science of medicine by valuable investigations, has rendered assistance to innumerable patients, and has trained a number of able physicians both from Austria and from abroad; in fact, he has founded a great school. He has become one of us in the highest sense of the word. May he continue his intellectual and didactic work for many years to come. On this, the sixtieth anniversary of his birthday, it is our hope that he may rest for a moment from his weighty labors, to reflect with pride upon his relations with us, to our faculty, to everything that is best and noblest in Vienna.

The memory of many a bitter experience may be softened by the thought that as he was hailed with joy when he was called to Vienna twenty years ago, so he has, through his learning, the brilliancy of his eloquence, and his exalted humanity, became the first physician, the first Good Samaritan, in the monarchy.

GLASS VACCINE POINTS—A NEW AND ORIGINAL IDEA.

One of the most interesting developments in vaccine points is undoubtedly that recently placed upon the market by the H. K. Mulford Co. of a flint glass point, similar in size and shape to that of the ivory point. Every propagator of vaccine and user, has recognized the limitations of the ivory or bone point, inasmuch as it could not be properly sterilized either by dry heating, which chars it, or by the use of antiseptic solutions or powders, which would be absorbed in the bone and destroy the vaccine virus itself, and for this reason experiments have been carried on during a period of years, to secure a proper substitute in glass, which from the start has been recognized as the

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ideal, if it could be properly produced. Mulford Co. have succeeded in doing this, they have under their management a large and completely equipped glass plant on their vaccine farms at Glenolden, for the manufacture of such glassware as they use in connection with antitoxin and vaccine. It is the only glass plant in the world that employs exclusively women.

The glass point permits of thorough scarification, it is easily and thoroughly sterilized, and is supplied by H. K. Mulford Co. either in form of dry points, or what is superior to these dry points, the glycerinized tubes and is thoroughly tested and free from pathogenic organisms.

The glass point is first sterilized and tipped with glycerinized vaccine which has been carefully tested bacteriologically and physiologically, to prove its activity and purity, after that it is encased in sterile glass capsule, which is then hermetically sealed, thus permitting handling of the point without any possible contamination, and it is in point of fact, the ideal form of vaccine, representing the purest and most active.

There is no advanced charge made for the glass glycerinized points and we endorse them as being the most advanced step forward in the marketing of a pure and aseptic vaccine.

I am not in the habit of writing promiscuously of the virtues of medicines but when I have used a remedy for many years with uniform success I feel that it is not out of place to give the remedy my commendation. I have been engaged in the practice of medicine here for many years and the diseases which I am called upon to treat are mostly of malarial origin. Under such circumstances I am required to have a positive and efficient tonic for the hepatic organs. It is very difficult for me to get along without that tried and true remedy for the above conditions, Chionia. I frequently use it alone and at other times in combination with other indicated remedies. I find it a real tonic for liver troubles and not a mere stimulant, that its administration promotes digestion and supplies the exhausted and run down liver with new energy. Another advantage is that it has no depressing effects, which ordinary purgatives possess.

Yorktown, Ark. L. Williams, M.D.

I am particularly well acquainted with Cactina in the pillet form and can speak highly of it as a cardiac tonic and as a remedy for palpitation in dyspepsia. Alexander Bryce, M.D., D.P.H.

Birmingham, Eng.

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Editorial.

JNO. C. LeGRANDE, M. D.,.....Editor and Prop.

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We cannot promise to furnish back numbers.

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The editor is not responsible for views expressed by contributors.

All communications should be addressed to THE ALABAMA MEDICAL JOURNAL, Birmingham, Ala.

The Medical Association of the State of Alabama.

The Journal of the American Medical Association gives the following report of the recent meeting held in the city of Birmingham, April 15 to 19, 1902:

Dr. Cunningham Wilson, on behalf of the Jefferson County Medical Society and the local physicians, welcomed the visitors to Birmingham. Hon. L. C. Dickey extended a welcome on behalf of the mayor, W. M. Drennen, who was obliged to be absent.

The President, Dr. Edwin L. Marechal, Mobile, in his address, gave a brief history of the association. It was organized in 1849 and held annual sessions until 1856, when it ceased to exist until after the Civil war. In 1868, the association was reorganized at Selma. Of those present on that occasion only three are living, namely, Drs. Richard

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F. Marechal and Jacob Huggins of Alabama, and Dr. T. C. Osborne of Texas. The address concluded with recommendations for the future of the association.

ORGANIZATION.

Dr. James N. McCormack, secretary of the State Board of Health of Kentucky, and chairman of the Committee on Reorganization of the American Medical Association, was then introduced by the State health officer, Dr. William H Sanders. The reports of the officers for the previous year were presented.

At the evening session, Hon. J. B. Duke, Lafayette, read a paper on "The Relations of the Medical and Legal Professions" and Dr. Glenn Andrews, Montgomery, a paper on "The Prevention and Spread of Infectious Diseases."

SLEEP—THE ANNUAL ORATION.

The morning and afternoon sessions of April 16th were devoted to the discussion of papers and in the evening the historian's address was presented by Dr. Samuel W. Welch, Alpine. Dr. J. Huggins, Newberne, then made his report as monitor, and the annual oration by Dr. Edwin B. Ward, Selma, followed. The author discussed sleep, its causes, remote and direct, the reason for sleep and the best conformation of habits to obtain normal sleep. These include exercise in the open air to the point of fatigue, avoidance of heavy and late meals and avoidance of severe mental strain before retiring He impressed on the audience the danger of the habit of taking drugs to produce sleep, as artificial sleep does not satisfy the body. As the phenomena of sleep point to the readjustment of energies, the habits of life should be so conformed as to secure the necessary amount of normal healthy sleep.

INCURABLE CONDITIONS RELIEVED BY SURGERY.

One of the most interesting papers of April 17th was by Dr. James T. Jelks of Hot Springs, on "Incurable Conditions Amenable to Surgery; Three Operations Followed by Relief of Cirrhosis of the Liver, Hypertrophy of the Prostate and Bright's Disease." Dr. Jelks asserted that Bright's disease was no longer incurable; many cases have been cured through surgical interference. He specially mentioned the work of Mr. Reginald Harrison of London, and the brilliant results of the New York surgeons.

FAILURES IN TREATMENT OF MORPHINE HABIT.

Dr. George E. Pettey, Memphis, Tenn., presented a paper in which he gave some reasons for failures in the treatment of the morphine habit. He asserted that the direct cause of the failure of cures in the past was that the mind was not treated as well as the body. The three methods formerly in universal employment were the sudden

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withdrawal, the rapid withdrawal and the gradual withdrawal of morphine from patients. He pointed out that in all three of these methods the patient had been left without the habit, but that the mental condition was not treated; he averred that if the mental cure were carried on at the same time the patient would be left strong, not only in body, but also in mind. This paper elicited an animated discussion.

MILK AND INFANT MORTALITY.

During the discussion of the paper of Dr. Thomas D. Parke on the "Causation of Infantile Mortality in the State," Dr. John C. LeGrande, Birmingham, said that many dairies tended to enlarge the mortality by furnishing impure or polluted milk for infant food. He urged that stringent laws be passed whereby dairymen could be more carefully watched, and spoke of the general failure of mothers to sterilize milk before feeding to infants. He then narrated his personal observations on the fatal results following the use of polluted milk as infant food.

GENERAL BUSINESS SESSION.

The greater part of the session of April 18th was devoted to the reports of the censors, counsellors, correspondents and other officers and revision of the rolls of the county societies. The report of the committee on the Jerome Cochrane monument was also received, which stated that the committee was now ready to receive contributions and asked the active co-operation of all members. Reference was made in the report of the senior censor to a bill now pending before Congress which seeks to change the Marine-Hospital Service. The censor objected to this, but the association decided to refer the matter back to the censors until next meeting. The other recommendations of the senior censor in reference to State laws were adopted.

ELECTION OF OFFICERS.

The election of officers resulted as follows: President, Dr. Glenn Andrews, Montgomery; vice-president, northern division, Dr. Andrew McA. Stovall, Jasper; orator, Dr. Lewis C. Morris, Birmingham; alternate orator, Dr. George S. Brown, Birmingham; and members of the board of censors, William H. Sanders and Dr. Henry A. Moody, Bailey Springs. Dr. Glenn Andrews, Montgomery, president-elect, resigned as member of the board of censors and William E. B. Davis, Birmingham, was elected to fill the vacancy.

The association adjourned to meet at Talladega next year.

ENTERTAINMENT.

The entertainment provided by the local physicians consisted in a reception by members of the Jefferson County Medical Society at the Hillman Hotel, a luncheon by the local medical society at the Country Club, and a buffet luncheon given by Dr. George Brown,

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DaCosta Honors Two Birmingham Surgeons.

In looking over the last edition of "DaCosta's Modern Surgery" we note, with pleasure, that Birmingham is represented by contributions of X Ray plates of fractures of the hip and forearm by Dr. Gaston Torrance, and by a picture of the Hodgen Splint as modified and improved by Dr. Geo. S. Brown. It is true Dr. Torrance gave his assistance to Dr. DaCosta while still an Interne in the Pennsylvania Hospital, his work in this line having attracted Dr. DaCosta's attention, still we cannot help a snug little feeling of proprietary interest in seeing the work of a (now) Birmingham doctor in this connection.

Dr. Brown graduated in the same class with Dr. DaCosta several years ago, and they spent another year together as Internes in the Philadelphia Hospital where they became warm personal friends, and have kept closely in touch with each other since. Dr. DaCosta seems to have used the picture sent him by Dr. Brown more because it was the work of his old friend, as the short reference to it in the text of the article on fractures of the thigh would seem to indicate that at the time he did not think or know much about it, as, indeed, he has admitted since.

At the Richmond meeting of the Southern Surgical Association last year, Dr. Brown demonstrated the Hodgen Splint as he and many more of our Birmingham doctors use it here at present, and Dr. W. L. Rodman, who was present, afterward invited the demonstrator to go up to Philadelphia and put the splint on a patient before the class of the Medico-Chirurgical College. Dr. Brown accepted the invitation and explained the apparatus to both the class of the Medico-Chirurgical College and to Dr. DaCosta and his class at The Jefferson College with the results that it is being used in the hospitals of both schools at present and, as Dr. DaCosta said, the matter was deserving of more notice than he had given it in this edition, he would ask Dr. Brown to write the explanatory note of it in the next edition of his "Modern Surgery."

Those who use the Hodgen Splint for fractures of the thigh and hip, and Dr. Brown, who uses it for nearly all surgical affections of the leg and thigh, declare there is nothing in the way of an apparatus that will take the place of it. The results in fractures are well nigh perfect, as far as the element of shortening is concerned, while the comfort given the patient, and the very much lessened amount of work for the surgeon and attendants cannot in any wise be appreciated except by those who have had a good deal of experience in treating such affections without this appliance before they have come to use it.

We hope that text-book writers will soon come to see the importance of this method and give it the consideration it deserves.

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Miscellaneous Notes.

NEW ORLEANS POLYCLINIC

Now in session fifteenth year. Closes May 31, 1901. Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of med icine and surgery. The specialties are fully taught, including labo ratory work. For further information, address Dr. Isadore Dyer, Secretary, New Orleans Polyclinic, Postoffice box 797, New Orleans, La.

Dr. A. W. Sims is spending a few weeks in the city of New York at the Post Graduate School.

Dr. J. M. Mason of this city is at the "Hopkins" for a few weeks, taking a Post Graduate course.

We acknowledge an invitation and regret that we were not able to be present at the dinner given by Dr. J. D. Gibson to a number of his friends at the Hotel Hillman, during the Session of the State Medical Association of Alabama.

As Editor of the Journal we take the liberty of saying that the Entertainment Committee of the Jefferson County Medical Society and all of the doctors in the city and county did the nice thing by our friends during the session of the State Medical Association, in the way of social entertainment, and we are glad to note that all the doctors went to their homes feeling delighted, and expressing their appreciation for the very pleasant time which they had during their short stay in Birmingham.

The newspapers of the city say that Dr. Mobley is asking the city council to allow the Jefferson County Medical Society to hold their meetings in one of the halls in the new city building. Every doctor in Jefferson county will thank Dr. Mobley for his effort in trying to secure good quarters for the meetings of the Society, and it seems to us that the council, out of appreciation for the great amount of service which the members of this Society render the city and the people of Birmingham annually, free of charge, could do nothing less than grant the request, and furnish the Society a comfortable hall in which to hold their semi-monthly meetings.

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The dinner given on Tuesday evening, April 16th, at the Hotel Hillman by Drs. J. D. S. and W. E. B. Davis to about fifty of the physicians attending the State Medical Association (in the number were all the visitors to the Association from other States), was a very elaborate and enjoyable occasion.

Alabama fails to produce men who take more pleasure in the entertainment of their friends and contributing to theri comfort and pleasure than do the Drs. Davis.

Joseph J. Kinyoun, M.D., Ph.D., late surgeon of the Marine Hospital Service and director of the Hygienic Laboratory at Washington, has assumed the directorship of the biological laboratories of the H. K. Mulford Company at Glenolden, Pa.

Dr. Kinyoun has not only served the government by being delegated special representative to the International Congresses, by being late Surgeon of the United States Marine Hospital Service, and Director of the Hygienic Laboratory at Washington, but also by representing the government on several occasions in the investigation of the progress of serum organotherapy and infectious diseases at home and abroad, in Paris and Berlin particularly, Europe generally and Japan.

Of necessity his work carried him to and in contact with Professors Koch, Roux, Pasteur and Behring, under whom we have received special instructions and enjoyed the advantages of the study of bacteriology and allied subjects; this, together with the natural tendency of his talents, that of original bacteriological research peculiarly fits him for the office he now assumes.

The H. K. Mulford Company are to be congratulated for having secured the services of Dr. Kinyoun as director of their biological laboratories, and it is fair to predict that the high standard of the Mulford Biological Products will be still further advanced.

TIIE TRI-STATE MEDICAL SOCIETY OF ALABAMA, GEORGIA AND TENNESSEE

Will hold its 14th annual meeting at Birmingham, Ala., October 8th, 9th, and 10th, 1902. This meeting promises to be of unusual interest. One of the prominent features of the last meeting, which attracted considerable attention, was the discussion of sociological questions. Dr. J. C. LeGrande, Birmingham, Ala., President; Drs. Pugh U. Brown, Troy, Ala., Wm. P. Harbin, Rome, Ga., J. C. Wilson, Rockwood, Tenn., Vice-Presidents; Dr. Frank Trester Smith, Chattanooga, Tenn., Secretary, etc.—Va. Semi-Monthly.

tainment of their friends and contributing to their omfort and

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ANNOUNCEMENT.

The Birmingham Medical College, Founded 1894.

Announcement of Reorganization and the Erection of a College Building.



NEW BUILDING BIRMINGHAM MEDICAL COLLEGE.

The Faculty of the Birmingham Medical College are pleased to announce that plans have been adopted and all arrangements have been perfected for the erection, during the present summer, of a large and commodious new college building, which will be open for the reception of students at the beginning of the next regular session. The new

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college will be located upon the corner of Avenue F and Twentieth Street, and will adjoin the new Hillman Hospital which will be built at the same time. Many marked changes and improvements will be inaugurated and no expense will be spared to add to the comfort and convenience of the students. The facilities for carrying out the four year graded course and for more thorough instruction in medicine and surgery, both theoretical and practical, will be greatly increased. The new college building will be a modern four story brick building, and will be thoroughly equipped and complete in all of its appointments. With new additions to the Faculty, thus increasing largely the corps of teachers, and the close proximity to a large modern hospital, the college will be able to meet all the demands of modern medical education and offers advantages to the student of medicine second to no other college in the South.

The erection of the Hillman Hospital and the new College building marks an important epoch in the history of medical education in the South. The Faculty desire to say to all of the alumni and friends of the institution and to the profession at large that the standard which has always been maintained will be still further elevated during the next session. The Faculty as now constituted is composed of many of the leading physicians in Birmingham, many of whom are specialists in their particular departments, and have demonstrated their fitness as teachers. The Faculty, therefore, appeal to the profession and the public at large for earnest support and co-operation in building up and maintaining an institution, which has always been conducted upon a high plane and one which has endeavored to elevate the standard of medical education by requiring a more thorough preliminary training and increased length of time of medical study and more rigid requirements for the Doctorate Degree. To this end the college several years ago, with other high grade institutions, adopted the four year graded course, and now requires that each student, before applying for graduation, shall have attended four sessions of six months each The curriculum adopted last session will remain very much the same, but there will be many changes inaugurated looking to a more complete and systematic graded course. These changes will be made on account of increased number of lecture rooms and increased number of laboratories as well as important additions to the teaching corps. In the new building large and well equipped laboratories will be provided and every facility will be afforded the student for thorough and systematic laboratory instruction in anatomy, physiology, chemistry, histology, bacteriology, pathology, clinical microscopy, and operative surgery.

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St. Vincent's Hospital.

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BIRMINGHAM'S CLINICAL FACILITIES.

The city of Birmingham, on account of its location, the cosmopolitan character of its people, its marvelous growth as an industrial and manufacturing center, multiplicity of hospitals and infirmaries, and rapid increase of population, is rapidly becoming one of the most important medical centers in the South and offers important advantages to the student of medicine.

The following are among the institutions to which the students have access, and to which especial attention is directed:

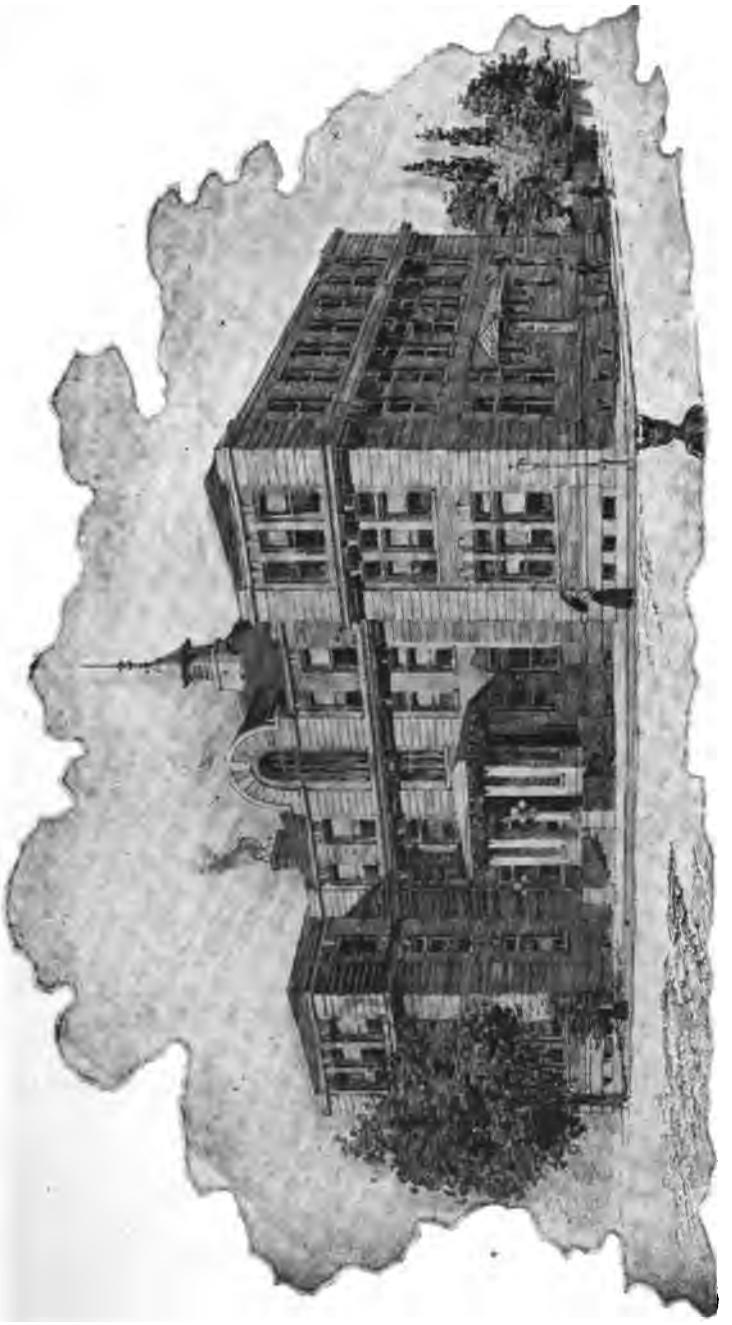
ST. VINCENT'S HOSPITAL.

This large and well appointed Hospital is one of the most modern institutions in the South. It was erected in 1900 by the Sisters of Charity at a cost of $200,000; is four stories high, and consists of a main building and wings, and furnishes accommodations for several hundred patients. A large number of medical and surgical cases are treated annually and the wards are constantly filled with every form of disease. Much of the clinical teaching is conducted at this Hospital. The members of the Faculty, who are attending physicians and surgeons to the Hospital, hold regular clinics in the large amphitheatre which was built especially for the use of the Medical College. This Hospital is one of the largest and best appointed in the country, and special attention is called to the advantages it affords for clinical instruction.

THE NEW HILLMAN.

This Hospital, under the management of a board of lady managers, an auxiliary to the Society of United Charities, will be built during the present summer, and will adjoin the new College building. This will be a modern four-story brick and stone building, and will be built according to the most modern plans of hospital construction, and will furnish accommodations for a large number of patients. The Medical College has perfected arrangements with the management of the Hospital to have charge of the wards during the session of the College. Members of the Faculty will be attending physicians to the Hospital and will give daily clinical instruction in the wards, and will also hold clinics in the amphitheatre of the Hospital, which will be built especially for the use of the Medical College. This Hospital will also have an out-door dispensary service, which will be conducted by the Medical College Faculty. The advantages afforded by this Hospital will be such that the student will daily be brought into immediate contact with every form and phase of disease, and abundant material will be furnished for clinical demonstration.

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NEW HILLMAN HOSPITAL.

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In addition to these hospitals, the students of the Medical College will have access and receive instruction at the following institutions: The Davis & Davis Infirmary, The Copeland-Berry Private Hospital, The Morris Sanitarium, The Talley and McAdory Infirmary, The Hospital of The T. C. & I. Co. at Pratt City, and The Jefferson County Hospital and Alms House. Members of the Medical College Faculty are connected with all of these institutions and the students will be invited to operations, and will act as clinical assistants. The catalogue giving full information with reference to the course of instruction, tuition fees, etc., will be published about June 1st.

B. L. Wyman, M.D., Dean.

J. C. LeGrande, M.D., Secy.

All communications should be addressed to J. C. LeGrande, M.D., Secretary.

SUCCESS AND GRATITUDE.

We beg to gratefully announce to the Medical Profession the removal of our offices and laboratories to 105 Chambers St., New York, N. Y., where, with greater space and more extensive facilities, we shall be better enabled to take care of the increasing demand for Ergoapiol (Smith) and Glyco-Heroin (Smith).

After having our personal statements as to the unusual efficacy of these preparations in their respective indications verified by hospitals and clinical investigations, we sought to interest the physicians individually, and the satisfaction of those who have investigated either or both could not be more fully manifested than in the necessity of our new and more commodious quarters.

Indeed none the less is our gratitude to The Alabama Medical Journal, which has been so frequently mentioned in the communications requesting trial samples, etc., therein showing the large and wide-spread circulation of so consummate and estimable a Journal.

Yours sincerely,

Martin H. Smith Co.

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THE ALABAMA
MEDICAL JOURNAL.

VOL. 14. JUNE, 1902. NO. 7

Original Communications.

HYPERTROPHY OF THE PROSTATE GLAND.*

JAMES EDWIN DEDMAN, A.B., M.D.,

BIRMINGHAM, ALA.

It is hardly possible to enter into a consideration of prostatic hypertrophy without first calling attention to the anatomy and also the physiology of the organ.

Briefly it may be described as a musculo-glandular organ surrounding the neck of the bladder and the commencement of the urethra. It has been likened in shape and size to a chestnut, its base projecting further up behind than in front. Its anterior surface looks upward and forward, and is slightly convex. The posterior surface looks downward and backward and is more flattened than the anterior. The lateral borders are sharply defined and rounded. The base looks upward and backward and has a funnel-shaped depression for the neck of the bladder. Anteriorly and posteriorly there is a fairly well marked longitudinal commissure through the median line, thus dividing the gland into two lateral lobes. About one-third of an inch below the funnel-shaped depression for the neck of the bladder is another similar depression where the ejaculatory ducts enter the so-called middle portion. The gland is tunneled by the prostatic urethra, the ejaculatory ducts, and also by its own ducts. On the prostatic floor is an erectile structure known as the veru montanum, in front of which on either side are the openings of the ejaculatory ducts. In depressions on each side of the Veru are the minute openings of the prostatic ducts, numbering from twenty to twenty-four.

From base to apex the gland measures from an inch and a quarter

*Read before the Jefferson County Medical Society, May 12, 1902.

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to an inch and a half. The transverse diameter is about an inch and three quarters, and the thickness about three-quarters of an inch. The prostate is situated between the neck of the bladder above and the upper layer of the triangular ligament below. In front it lies just behind and below the symphysis pubis, and posteriorly it rests upon the rectum, through which it can be distinctly felt, especially when it is hypertrophied.

The gland is enclosed in a firm musculo-fibrous capsule. The parenchyma is composed of muscular fibres reflected from the capsule, and numerous follicular pouches, resembling somewhat in structure the racemose glands.

Normally the prostate is composed of but two lobes, and the so-called middle lobe is in reality a morbid growth. The two lateral lobes diverge posteriorly from the base of the gland, thus leaving a triangular space at the neck of the bladder, and this space is filled with a highly vascular and rich glandular tissue. Anent this, Lydston remarks that "A dissection of the prostate and its associated glandular structures would be highly interesting to those who believe that deep gonorrhoeal infection in the male may be speedily cured by instilling a few drops of silver nitrate solution into the prostatic urethra."

Briefly stated, the function of the prostate is to dilute the spermatic fluid by means of its glandular secretion, and with its muscular element to assist in the expulsion of the urine.

The etiology of prostatic hypertrophy has until very recently been unknown. Even so excellent a work as Prince A. Morrow's "System of Genito-Urinary Diseases" states that the etiology has not yet been determined. One phase of the question that caused dissension amongst the pathologists was that since the organ was composed of glandular, muscular and fibrous tissue, why might not the hypertrophy be merely an increase of the glandular tissue, or in other words, an adenoma? Or why not an increase in the muscular tissue, a myoma, or an increase in the fibrous element, a fibroma? These views have held until recently, when owing to the prevalency of prostatic hypertrophy in those persons that gave a history of a past urethretis, some observers advanced the opinion that the hypertrophy noted in the aged was not a tumor formation at all, but an inflammatory process instigated, perhaps, by a latent or dormant post-urethral inflammation.

The amusing feature of the various views advanced is that undoubtedly the opinions advanced a century ago are much more logical than those advanced in the past decade. Lydston,[1] in his excellent work on Genito-Urinary Diseases, details some of the opinions to explain prostatic hypertrophy, a few of which I shall briefly mention,

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Home, about seventy-five years ago, stated that the cause of prostatic disease was the slow return of blood from the vesical neck, due to the disadvantageous situation of the veins in relation to the heart, which would favor habitual congestion of the vessels. This tendency to congestion in his opinion was much enhanced by high living, or any other circumstances that increased the circulation in this region.

Wilson in 1881 endorsed the opinion of Home so far as the tendency to the disease on the part of high livers is concerned. He claimed that strict celibacy on the one hand and venereal excess on the other are alike productive of the disease, though admitting exceptional cases in persons who live abstemious and temperate lives.

Samuel Cooper confessed ignorance as to the cause, but thought that persons who lead sedentary lives were more prone to the disease.

Sir Astley Cooper thought that the prostatic hypertrophy was due to old age alone, and not to disease.

The late Dr. Gross thought that prostatic hypertrophy was due to habitual engorgement of the organ, as in protracted and oft-repeated intercourse, irritation from vesical calculi, the free use of stimulating diuretics and alcoholic or malt liquors, exposure to cold, etc.

Thompson states positively that prostatic enlargement is seen in young patients as a result of interstitial plastic effusion, due to inflammation, but that the enlargement occurring in old age is an unnatural development of the prostatic tissue properly, viz: true hypertrophy. He holds that inflammation and its products do not favor growth, but are directly antagonistic to it, and hence a prostate enlarged by inflammatory effusion is less likely subsequently to become hypertrophied. In other words, Thompson excludes inflammation from the etiology. He says that habitual engorgement of the prostatic and hemorrhoidal plexuses have nothing whatever to do with the etiology of the disease.

Guyon and his followers in the modern French school hold that prostatic hypertrophy is not a local disease and due to local causes—in fact that the genito-urinary apparatus has nothing to do with it, but that it is dependent upon a general atheroma; the walls of the bladder become weakened and there is a resultant accumulation of residual urine followed by cystitis prior to the enlargement of the prostate.

Lydston divides the causes of prostatic enlargement into general and local. Under general causes he mentions senility, the gouty or rheumatic diathesis, and general atheroma. Under local causes are placed chronic irritation and hyperemia, due to urethral or bladder disease, early prostatic infection, masturbation, sexual excess, prolonged or ungratified sexual excitement.

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Coming down to some of the most recent views expressed upon this subject, Albarran and Halle, after exhaustive investigations and studies of numerous specimens, advanced the opinion that the hypertrophy was due to chronic inflammation, and was nearly always of a glandular nature—adenomatus, and that the fibro-myomatous tumors are secondary, and may form a part of the enlargement. If the fibro-myomatous development predominates, there may be an actual atrophy of the glandular element.

Ciechanowski has perhaps done more than any other man of recent times toward reaching the true solution of the problem. After studying sections made from many diseased prostates, he concludes that senile prostatic hypertrophy is an inflammatory process. If the original focus of the disease should be near the periphery, there is a connective tissue hyperplasia and a resultant small, hard prostate. On the contrary, if the focus of the disease is toward the centre, as in the ducts or follicles, the result would be the soft enlarged prostate, or adenomatous variety. He failed to find any cases of the myomatous species. Ciechanowski concludes that as all prostates examined by him were of inflammatory origin, he is certain that urethritis is the prime factor in the whole affair.

Acting along the line of Ciechanowski's suggestions, Doctors R. H. Green and Harlow Brooks,[3] of New York have quite recently added some valuable information to the etiology and pathology of this infection. They really took up the work at first to disprove the statements of Ciechanowski, but after getting well under way with their investigations they were soon won over to his way of thinking. They sum up their conclusions as follows:

1. Prostatic hypertrophy of the aged is the result of chronic prostatitis.

2. It most frequently arises from chronic posterior urethretis, of whatever cause.

3. True neoplasms of the prostate are rare, and are not concerned in the production of prostatic hypertrophy.

4. Carcinoma is apt to occur in the hypertrophied prostate as a result of the chronic inflammatory process.

My clinical experience with this affection certainly causes a full concurrence with the opinions of Albarran, Halle, Ciechanowski, Greene and Brooks.

While it is of course true that there may be a tumor formation either benign or malignant, yet it is certain that these conditions are rare, and that the prostatic hypertrophy found in the aged is nearly always dependent upon an inflammatory process, and most cases are traceable to a former urethritis.

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Morbid Anatomy.—One of the first of the morbid conditions is an obstruction to the return of blood from the bladder, due to the vescial veins emptying into the compressed prostatic veins. On this account there follows a congestion of the bladder and prostate. The floor of the bladder behind the prostate becomes thin and dilated, forming a pouch in the trigone, and here it is that some urine is left after each micturation. This residual urine is of course in proportion to the amount of saculation. It may undergo ammoniacal fermentation before the beginning of catheter life, but it is a wonderful exception not to have this fermentation after the introduction of a first catheter. On account of the mechanical obstruction to urination, a compensatory hypertrophy takes place, which may be either preceded or followed by a cystitis. There is then a constant desire to urinate, the bladder never being able to empty itself on account of the depression at the bas fond. Trabeculation of the mucosa follows, and then diverticula may form between the layers of muscular fibres. On account of the mechanical obstruction there is a serious impediment to the venous return. The desire to urinate is generally worse at night than during the day, which is accounted for by the fact that bodily activity during wakefulness improves the circulation and tends to prevent venous stasis. The desire to urinate is also worse when there is a surplus of blood in the pelvic veins, as would exist from constipation or over-eating. The prostatic urethra, on account of the hypertrophy, becomes elongated, and its curvature is increased. For this reason the instruments used for exploration must have a different curve from the ones used in the normal urethra. There may be a dilation of the ureters and renal pelves with stagnation of urine in them. There may be a congestion or catarrhal inflammation of the entire urinary tract.

Often these former conditions may be followed by the formation of a vesical calculus. In fact everything is quite propitious for such formation, for on account of the presence of residual urine and its ammoniacal fermentation, there is a deposit of the phosphates, a co-mingling of these with muco-pus which would favor adhesion, and thus, form a nucleus for a calculus, which might in a comparatively short time assume large proportions.

After catheter life is begun there may be a septic inflammation extending up the ureters to the kidneys, and producing a cysto-pyelonephritis.

There may be chronic uremia, or death may end all by a supervening acute uremia.

Symptoms.—From the above mentioned morbid changes the symptoms may well be imagined without my detailing them. Suffice it to say

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that the first thing the patient would notice would be the frequency of micturation, or a difficulty in micturation. As Guyon well expresses it, "There is a stammering urination." There may be some pain at the beginning and at the end of the act. At first this may not cause any uneasiness on the part of the patient, but soon when these symptoms become aggravated, the intervals of urination become shorter and the pain increased, he then realizes that something is radically wrong with him. The patient may have a slight temperature, accompanied as usual with pains in the back, headache, and thirst, all of which are merely the evidences of a mild uremia. At this juncture the polyuria and low specific gravity of the urine may mislead the physician into a diagnosis of diabetes insipidus. The urine has quite a deposit upon standing, and also a most disagreeable odor. If there is constipation and straining at stool, the vesical pains may be much increased, and there is a severe burning sensation after the stool, at the neck of the bladder. When the hypertrophy becomes extensive the bladder capacity becomes quite small, and the viscus can hold but little urine. There may be haematuria, either infrequent or persistent. The amount of residual urine constantly increases, and may amount to a quart or more. Incontinence soon comes on, due to the constant state of distention, and to a loss of tonicity of the compressor urethrae. Retention of urine is apt to come on at any time, and is usually favored by the patient getting his feet wet, eating to excess, constipation and distention of the rectum, alcoholic or sexual excess, or operations upon the anus or genitalia.

Diagnosis.—In making a diagnosis of prostatic hypertrophy, we must differentiate between prostatic cancer, tuberculosis of the prostate and bladder, degeneration of the bladder walls, vesical and renal calculi, urethral stricture and vesical tumors. The age of the patient should of course be taken into consideration, and if he is past forty-five, it is well to suspect prostatic hypertrophy, if the symptoms above enumerated are present.

He should be directed to urinate, and the character and quantity noted. A sterile rubber catheter lubricated with lubrichondrin should then be passed with the patient in dorsal decubitus. Some difficulty may arise in the introduction of the catheter, especially if the hypertrophy is extensive in the so-called median lobe. It may be necessary to try a Mercier or Guyon catheter, or one with the Benique curve. The more it is necessary to depress the instrument to get it in the bladder, the larger is the middle portion. After the catheter is introduced, the amount and character of residual urine is noted. It should then be mixed with the urine voluntarily passed, and set aside for chem-

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ical and microscopical analysis. If one lateral lobe is more enlarged than the other, the distal end of the catheter may be deviated to the opposite side on account of the impingement of the beak of the instrument against this projecting lobe. The character of the enlargement may also be determined by the resistance and touch of the catheter, trabeculations and rugae thus being outlined. The amount of elongation can be determined by noting the depth necessary to introduce the catheter before urine begins to flow. The finger introduced into the rectum will impinge upon a mass that can often be accurately outlined. There may be considerable tenderness on touch, and the examination should be conducted as gently as possible.

The cystoscope is perhaps the most valuable aid to a correct diagnosis, and yet there are cases where it is impossible and unwise to use it on account of the cystitis which is already established. Cocaine should be used guardedly, still, if instrumentation is very painful, it is well to use it, as the examination can be more thoroughly made under its aid. If the principal part of the enlarged gland is pointing away from the bladder, the rectal examination will reveal much that is valuable, but when there is quite an encroachment into the bladder space, then the cytoscope is the thing par excellence in making a thorough diagnosing. It will reveal directly to the eye the size, location and general character of the enlargement. The trabeculation of the cystic walls can be beautifully pictured, diverticula and calculi can be found, and the general condition of the bladder walls noted. I have made several cytoscopic examinations of enlarged postates, and although Taylor[8] says that it should only be used in rare cases, my limited experience indicates that it should be used in every case unless contra-indicated by an acute cystic inflammation.

Frequency.—Thompson concludes that one man out of every three has an enlargement of the prostate in a moderate degree at middle age. After the age of fifty one man in every eight has a marked enlargement. The disease rarely begins later than seventy years of age.

Treatment.—The treatment of prostatic hypertrophy is divided into palliative and operative. While of course no case of prostatic hypertrophy could be cured by any known medicinate agent, or anything short of a surgical procedure, much can be done to relieve the patient and render him fairly comfortable by what is known as the palliative treatment. In fact this palliative treatment may be an actual necessity to put the patient in a suitable condition for the radical cure. The bowels should be kept open so as to avoid straining at stool and vesical venous stasis. Rectal enemata of warm saline solution, or of magnesia sulphate and glycerine to deplete the pelvis, is a rational procedure.

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Any gouty or rheumatic diathesis should be corrected by suitable medication. The urine should be kept bland and non-irritating. Amongst those agents that are efficacious in relieving vesical irritability may be mentioned eucalyptus, salol, saw palmetto, triticum repens, santal oil and pichi. Lydston[1] advocates the use of potassium bromide combined with ergot and gelsemium to allay the activity of the muscular fibres surrounding the prostate, and to quiet the sexual function. Temperate habits should be insisted upon and the use of alcoholics and sexual intercourse absolutely forbidden. Mineral waters drank freely to dilute the urine always afford relief. Exposure should be avoided, and also any violent exercise, but moderate exercise in the open air should be encouraged. The decomposition and ammoniacal fermentation of the urine should be corrected as far as possible. For this I have used urotropin in 7 grain doses three times a day with much success. Cystogen has also proven of considerable value for this purpose. Much relief can be obtained from catheterization, and if possible it should always be done by the physician. The soft rubber catheters of Jacques are the best, especially if the patient is to catheterize himself. If the Jacques catheter cannot be introduced, then the catheter coude of Mercier is the one to use. In introducing a catheter in a prostatic hypertrophy, the roof of the urethra should be hugged as near as possible. When the posterior urethra is reached, its entrance may be much facilitated by pressure on the perineum thus lifting the point on or over the middle lobe. If it cannot be done in this way, it can nearly always be accomplished by introducing a finger into the rectum and pushing the tip of the catheter upward. At each catheterization, the bladder should be washed out with some antiseptic solution. Many favor boric acid for this purpose, but my experience is that nothing can take the place of hot permanganate of potash solution, about 1 to 6,000 in strength. Where there has been retention of urine, great care should be observed in catheterizing not to draw off all the urine, or else the sudden removal of the pressure might set up such an inflammation as to cause alarming symptoms or even death. Dribbling of urine from the bladder should always excite suspicion of over-distention, and the patient should be catheterized at once.

Operative Treatment.—There is an intimate connection between the testes and the prostate gland, and in congenital absence of the testicles there is always a marked atrophy of the prostate, or even a complete absence of one lobe. Eunuchs are said never to suffer with prostatic troubles, and these facts encouraged some operators to castrate prostatiques in the hope of obtaining relief from their distressing symptoms. Many report favorable results from the operation, but it

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is now relegated to the shelf, and I only mention it to condemn it. In the same category may be mentioned vasectomy, or division of the vas deferens. I note a number of favorable results from this operation, but I do not think it is a rational or justifiable procedure.

I shall only call attention to the Bottini method of prostatotomy, as that is the only prostatotomy that is being done very much at the present time.

When the operation of Bottini had become to fall in disfavor, owing to defects in the instrument as well as to carelessness (or ignorance) of some operators, it was taken up by Freudenburg, who has done more than any one else to perfect it. However, Young, of Baltimore, has added some decided improvements on the instrument of Freudenburg. In a recent article in the Journal of the American Medical Association,[4] he describes the modification and reports eight operations with the new instrument, all with good results. In the instrument Bottini-Freudenburg there is only one galvanocautery blade, and Young well contended that this one cutting instrument was not suitable to all cases. In extensive hypertrophies there would not be a sufficiently deep incision, while in small enlargements there was great danger in cutting too deeply—in fact, cutting through the bladder walls. With this idea in view he had an instrument constructed a short time ago that has four different blades. His smallest blade has an elevation of .8 cm. Blade No. 2 has an elevation of 1.2 cm.; No. 3 has 1.7 cm., and No 4, 2.1 cm. Blade No. 3 corresponds to the one usually found in Freudenburg's instrument, and is the one most generally used, while No. 2 is useful in small hyertrophies, and No. 4 in very large ones. His blade No. 1 has not yet been used, and was put in, as he says, "Merely to complete the set."

Young also made a change in the contact surfaces, thus avoiding the annoying heating of the handle of the instrument. The only other change made was to increase the curvature of the beak, or rather to make the beak more of a right angle with the shaft, so that in making traction against the prostate at the time of cutting, so as to accurately apply the knife, there would be no danger of the instrument slipping out of the bladder into the urethra, and thus making the incision in the wrong place. He cites a case in which this accident happened to him while using the Freudenburg instrument—in this instance the instrument slipped out of the bladder, and the incision was made into the membranous urethra. He fortunately discovered the accident and was thus enabled to save the man's life by a timely operation. I will give briefly the technique of the operation:

A cystoscopic examination should be made to ascertain the condition

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of the bladder walls, the size and location of the enlargements, and the presence of frabeculae, diverticula and calculi. The gland should also be examined by rectal touch, and the size, shape and consistency of the lobes noted. The thickness of the gland can be accurately determined by the passage of a sound in the bladder, and the location of this with the finger in the rectum. With these various facts before the surgeon he can readily decide what blade is to be used, where to make the incisions, and what length to make them. It is very rare that it is necessary to make an incision over an inch and a half or two inches. As a rule an incision through each lobe is sufficient.

Before the operation the bladder should be thoroughly washed out with salt solution or boric acid, and after it comes away clear some of it is left in the bladder to distend it. The urethra is anaesthetized with cocaine or eucaine, the patient having previously received one-fourth to one-half a grain of morphia. The battery is now tested to see that it is in working order, and also to ascertain what amount of current is necessary to produce a white heat in the incisor. The instrument is then introduced into the bladder, and the cooling apparatus turned on. After it is well in the bladder, the beak is turned downward and the instrument drawn forward until it is in snug contact with the enlarged median lobe. The current is then turned on and the wheel turned which brings the incisor out from its receptacle. This is continued until the scale shows the incision has been made the desired length. The current is turned off, and the incisor returned to its groove by reversing the turn of the wheel. If it is desired to incise one or both of the lateral lobes, the beak is turned so as to bring its concave part in contact with the lobe. Current is turned on, and incisor withdrawn as before.

The operation completed, the blade is returned to its receptacle, allowed to cool a moment, and the instrument is withdrawn. Patient is put to bed and allowed to urinate if he can, and if not he can be catheterized as necessary.

Although this is so simple, yet the results that are being obtained are exceedingly gratifying. Dr. Ramon Guiteras[5] reports the following:

"It is difficult to conceive why an operation consisting simply in burning linear scars into the sides and floor of the prostate gland, and followed by the casting off of sloughs, should cause such a reduction of the urinary obstruction, and such a contraction of the gland; clinical evidence, however, supports the truth of this statement."

Dr. Orville Horwitz[6] of Philadelphia sums up his conclusions on the Bottini operation as follows:

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1. Success following the Bottini operation depends on having perfect instruments, a good battery, the necessary skill and the employment of a perfect technique.

2. In suitable cases the Bottini operation is the safest and best for the radical cure thus far devised for the relief of prostatic hypertrophy.

3. It is often very efficacious as a palliative measure in advanced cases of obstruction, rendering catheterism easy and painless, relieving spasm, lessening the tendency to constipation, and improving the general health.

4. It is of special service in the beginning of obstructive symptoms due to hypertrophy of the prostate gland, and may be regarded as a means of preventing catheter life.

5. It is indicated in all forms of hypertrophy, except where there is a valvular formation, or where there is an enormous growth of the three lobes, associated with tumor formation giving rise to a pouch both above and below the prostate gland.

6. Where the bladder is hopelessly damaged, together with a general atheromatous condition of the blood vessels, associated with polyuria, the results are negative.

7. Pyelitis is not a contra-indication as a resort to the operation.

8. The character of the prostate growth has no bearing on the results of the operation.

Dr. Young reports that in 41 cases he had three deaths, but adds that these three men were all in very bad condition before the operation. Fifteen of these forty-one were over seventy years of age, and three were over eighty, and among these there were no deaths, and all but one have been cured. He sums up by saying that "As to the efficiency of the Bottini operation, of which I was myself at first very skeptical, my experience (now of forty-one operations) forces me to testify decidedly in its favor."

My paper has already assumed such proportions that I can but briefly mention the operations of prostatectomy. In some cases, especially where the gland encroaches in its enlargement towards the bladder cavity, a supra-pubic cystotomy will suffice to reach it. This is more especially suited to those cases in which there is a large median lobe hypertrophy.

Prior to the operation the bladder should be thoroughly irrigated with a warm bichloride solution, about 1 to 20,000, or else with warm boric acid solution. After thoroughly cleansing the bladder some of the solution should be allowed to remain. A rectal bag introduced in a collapsed state and distended after introduction either with air or water, may be used to assist in pushing the bladder up toward the abdominal

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walls. The pubes having been shaved and thoroughly cleansed in the usual way, the patient is anaesthetized and placed in the Trendelenburg posture. An incision about three inches in length is made in the median line just above the pubes. After cutting through the linea alba and the median aponeurosis the bladder can easily be felt. The layer of prevesical fat and the fold of peritoneum are rolled up into the upper angle of the wound and held by an assistant. Retention sutures are then introduced on either side, which should go well into the muscular wall of the bladder. A small slit is then made through the bladder, and the wound retracted for inspection, which can be made either digitally or by the aid of a small electric light. An incision is then made through the mucous membrane over the projecting lobe, and the gland enucleated with the finger or by means of forceps. Often much hemorrhage will ensue, which may be quite difficult to control. After the operation is completed, the bladder is washed out with hot saline solution, and drained by means of a rubber tube with two eyes. The bladder wall is sutured tightly around the tube, so as to prevent any escape of urine into the space of Retzius, a piece of gauze is inserted into this space and protrudes through the abdominal wound, and the latter sewed at either end and left open in the centre for the exit of the drainage tube and gauze. To the drainage tube a glass coupler is attached and to this a long tube reaching under the bed and emptying into a jar containing bichloride solution. A siphon drainage is thus established which is sufficient for all purposes.

Many of our best genito-urinary men seem to favor the supra-pubic operation rather than the perineal. The operation was first done by Belfield of Chicago, and afterwards by McGill, of Leeds, England, and is now known as the Belfield-McGill operation. Dr. Wishard[7] of Indianapolis, says: "If the supra-pubic operation has been thoroughly done and the obstruction all removed, the patients afterward are assured of a more perfect function than by any other method."

Perineal Prostatectomy.—Time will not permit me to go into the details of the several perineal operations for the removal of enlarged prostates, and I can only say that from extensive reading of all the recent literature I can obtain on this subject, that the median incision as advocated by Dr. Alexander Hugh Ferguson[8], of Chicago, seems to me the most rational, as well as the most successful. The operation is as follows: The patient is placed in the extreme lithotomy position, after he is anaesthetized with chloroform. A prostatic depressor, which is similar to a sound, only that it has a flattened loop end, is passed into the bladder via the urethra, and is held by an assistant. Of course the beak, or flattened portion, is turned over after it enters the bladder

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so as to bring it into intimate contact with the prostate. A sponge is inserted into the rectum, so as to prevent any escape of fecal matter onto the field of operation. The finger of the left hand is then introduced into the rectum for a guide, and is pressed against the urethra at the junction of the membranous and prostatic portions. A long, narrow-bladed knife is then passed through the raphe into the perineum two inches in front of the anus. With one sweep of the knife, all the structures down to the prostate are cut through without injury to the prostate, urethra, rectum or anal sphincter.

The skin incision is now enlarged if necessary for the introduction of two fingers. Two retractors are placed in the wound, downward and outward traction made, and the prostate exposed by blount dissection, and pushed into the wound by means of the depressor in the bladder. The capsule is then opened with knife or scissors in transverse direction, the incision being made sufficiently large to admit the introduction of one or two fingers. The retractors are then placed in the capsule, and the gland thus brought further into the wound and held firmly for enucleation. The enucleation can be accomplished with the fingers and the remainder snipped off with prostatic forceps, and by piecemeal the prostatectomy is completed. The bladder is well washed out, and a drainage tube wrapped with iodoform gauze is introduced through the wound in the bladder. A stitch or two will close the wound and hold the drainage tube in situ. A long rubber tube is attached to the drainage tube and the toilet of the operation is complete.

Some operators, notably Alexander, advocate the combined suprapubic and perineal operations, and claim that the gland can be better engaged in the perineal wound by pressure from above. I do not believe this has any advantage over the median perineal operation just described, for by means of the depressor in the bladder the gland can be brought well into the perineal wound.

In concluding, my inference is as follows:

1. That it is a mistake to put off the operation until the patient has become debilitated to such an extent as to render any kind of a surgical procedure dangerous.

2. When the enlargement becomes of sufficient size to prevent urination, or cause a large amount of residual urine, and the catheter has to be constantly resorted to, an operation is fully warranted.

3. In the very old, or very weak, the Bottini operation is the one of choice.

4. In all cases where the major part of the hypertrophy is intravesical, the Bottini operation is quite the best.

5. In cases of enlarged or pedunculated middle lobe and slight lateral enlargement, the supra-pubic operation is the best.

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6. In the cases of enormous hypertrophy of the entire gland, or cases of considerable lateral lobe enlargement, the perineal operation will afford the best relief.

7. The cystoscope is a most valuable adjunct in making a correct di agnosis, and in determining what is the elect operation for each particu lar case.

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THE RELATION OF THE STATE TO TUBERCULOSIS.*

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My reason for presenting this paper before this meeting is the fact that I firmly believe in the necessity for a careful consideration of Tuberculosis in all its phases by this Associatiin. No attempt will be made to prove the infectiousness of Tuberculosis—that has long ago been determined; nor to enter into the consideration of the pathology and symptoms of the disease thoroughly—for if you know the pathology and symptoms of any one disease—that disease is tuberculosis; nor yet to set forth the latest views with regard to treatment, except as I believe the State is directly interested in this point—for with all these you are familiar, but it is my desire to consider the relation that organized society bears to its members who are suffering from the disease on the one hand, and of the relations of these members to the Commonwealth on the other.

No other disease so regularly and constantly gathers its victims as Tuberculosis. Pneumonia, diphtheria, typhoid fever, yellow fever and cholera occasionally greatly increase the death-rate of special communities, but Tuberculosis affects all communities all the time and steadily builds up a death-rate that no other disease can approach. Recent statistics, compiled from the census of 1900, show that in the ten chief cities of the United States the deaths from Tuberculosis reach the proportion of one in every 9.1 deaths from all causes, or one death from Tuberculosis to every 8.1 deaths from all other causes. Taking it for granted that the rate would not be so high for the smaller cities and the country districts,

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yet we would be safe to assume the death-rate of Tuberculosis to be not very far from 10 per cent. Monsieur Amodru, Chairman of the French Committee to investigate Tuberculosis, estimates that the number of deaths from this disease in France is yearly 150,000. When the fact is remembered that the birth-rate of France is low, these figures assume large proportions. This committee also reported that in Paris and the department of the Seine, in a given space of time, consumption each year caused 38 times more deaths than varioloid and scarlatina combined, 16 times more than typhoid fever and 18 times more than diphtheria! To bring the matter closer home, in Jefferson county, Ala., during certain seasons of the year, usually in the winter months, the number of deaths from Tuberculosis and pneumonia exceeds one-third of the whole number of deaths from all causes. The statistics of our State are too incomplete to be of much value.

Many more collections of statistics might be added to prove the assertion that Tuberculosis causes an enormous death-rate, but they are not needed. Surely a careful consideration of this subject must be timely.

THE QUESTION OF NOTIFICATION AND REGISTRATION OF TUBERCULARS.

Should the community require that cases of Tuberculosis be registered? We have stringent laws regulating the notification, registration, placarding, quarantining and carrying out of proper hygienic procedures with regard to scarlatina, diphtheria and small-pox, yet nothing is done in the matter of the commonwealth vs. the tubercular. It is thoroughly understood that the majority of cases of consumption are transmitted on account of lack of care in the observance of the simplest hygienic rules. The disease is readily communicable, and the sufferer may infect premises which will cause cases of Tuberculosis to develop months and possibly years later. Tubercular individuals closely associated with sound persons, especially in crowded living apartments are fruitful sources of contagion. I believe firmly that every case of Tuberculosis should be reported to the County or City Boards of Health, and registered by the same. The idea of isolation and quarantine does not necessarily have to go with notification and registration. The methods of the transmission of the disease are well understood and among intelligent people who have been carefully advised in the matter of prophylaxis, the danger of spreading the infection is slight. Statistics from hospitals and sanataria for Tuberculosis show conclusively that in those institutions where the proper hygienic discipline is rigidly enforced, of the various attendants, a very small percentage ever become infected, even after long terms of

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service. It is unjust that Society should bring any hardship on one of its members unless he is a direct menace to the common weal, and phthisophobia is unnecessary, and works harm to the attempt to control the spread of the disease. There need not be any active quarantine against the consumptive, but he and all the members of his family should be carefully instructed in the hygiene of the disease, and unnecessary communication and visiting should be discouraged. When all cases of Tuberculosis are promptly reported to the proper authorities, then will our statistics be of great value and the study of the progress in treatment will be materially helped.

DUTIES OF THE COMMUNITY TO INMATES OF JAILS, PENITENTIARIES, ALMS-HOUSES AND OTHER PUBLIC INSTITUTIONS.

This really brings us face to face with a great question, yet it seems that its answer ought to be apparent. When, for the purposes of punishment or correction, or for the increased revenues which must accrue as a result of the economy of space and time, in our penitentiaries, jails, alms-houses and public works (especially factories), tubercular subjects are allowed to freely and unrestrainedly mingle with their fellows, we must naturally expect the "great white plague" to continue to reap its enormous harvest. The community has no right to throw an uncondemned man into a jail where he will come into closest relation with individuals suffering from any infectious disease. Many men are put in jail who are innocent of any transgression of the law, but if every incarcerated person were guilty of murder in the first degree, I doubt seriously if the ethical position in which the State is placed under such circumstances as above mentioned would be a pleasant one.

This Association has heard papers read by its members who were competent to judge, in which the stand was taken that our State should have a separate prison for consumptive convicts. At the Montgomery session, 1898, Dr. W. H. Blake, State Physician at that time, said (transactions M. A. S. A. 1898, pp. 536-9): "Among the convicts of Alabama, consumption prevails to an alarming degree, and the death-rate from this cause is on the increase. In Alabama, the record of deaths for State convicts covers a period of eighteen years. For the first half of this period, consumption caused 20.3 per cent. of the total mortality; for the last half it caused 42 per cent. Prison management in Alabama furnishes conditions specially favorable to the propagation of consumption. Convicts are not kept in separate cells, but from fifty to 100 are confined together in a single large cell. Con-

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sumptive convicts, unless acutely ill, are confined in the same cells with non-consumptive ones."

Our distinguished ex-President, former Senator from Jefferson county, advocated with all the power of his strong personality the passage of his famous "Convict Bill" before our State Legislature several years ago (1896-7), in which bill a separate camp was to be provided for consumptive convicts.

My own personal experience in this matter leads me to add one point to Dr. Blake's statistics. No record is kept of those convicts who are constantly being set free from prison and who are tubercular at the time of their release, having been infected during their imprisonment. The number of these is considerable, and they go out into the State to scatter the infection. Thus the actual death-rate at the prison does not nearly cover the whole number of deaths directly resulting from infection occurring during confinement. The State's duty is too plain in this matter to be further spoken of.

BOVINE TUBERCULOSIS.

In July, 1901, Koch made the statement in a paper read before the British Congress of Tuberculosis, in London, that Human Tubercle Bacilli were not infectious for cattle. This statement was based on a series of experiments which had been made under his supervision. He also gave as his opinion that Bovine Tubercle Bacilli were non-infectious for man. Since that time his position has been vigorously attacked by Ravenel and Salmon in America, and they seem to have proven very conclusively that Koch's position was extreme and was founded on a remarkable paucity of facts. The question is still under consideration and which one is correct can only be fully determined by large clinical and postmortem observation. In the meantime it behooves us to take every precaution to limit the spread of Bovine Tuberculosis and to prohibit the sale of tuberculous milk and meat.

STATE SANATARIA FOR TUBERCULARS.

Tuberculosis finds its victims in every walk and station of life. Among the wealthy classes the State has no problem to solve unless it be their registration, for they can avail themselves of every opportunity that can be offered for recovery; but among the poor classes the people who are dependent upon their daily labors for their support, and with whom disability means privation and hardship, the State, in my opinion, does have a well defined duty. The hygienically untutored tubercular is a menace to society, and if he is dependent upon his wages or salary for his livelihood, in most cases is unable to get the best opportunities that modern scientific treatment offers for

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cure. The present idea of the treatment of Tuberculosis may be summed up briefly as follows: Pure fresh air in abundance, properly selected food in sufficient quantity, correct personal hygiene, carefully regulated exercise, freedom from care and worry, and judicious administration of drugs. This is the ideal—we know that to a great number of consumptives, dependent upon their own crippled resources, its attainment is impossible. The bread-winner of the family is stricken with Tuberculosis, and it is often unrecognized until he is unable to perform his usual work. We see such cases frequently. What is the outcome? Too often the struggle is dragged out in a poorly furnished home, and other members of the family become infected. And thus the disease spreads. What is the State's duty to such individuals? The State should establish and maintain properly equipped Sanataria for consumptives. These institutions need not be entirely charitable, for while they would of course take in many patients who would be unable to pay for the care that they received, they would also get many patients who could pay their actual expenses. Several States have already established such institutions, and they are now in successful operation. Massachusetts was the first State in the Union to establish a Sanatarium for consumptives. A careful study of the five annual reports which have been published by this institution shows that it is accomplishing a considerable amount of real good.

The effect of such an institution on the community is two-fold. It gives many cases an opportunity for cure which they could never have otherwise, and often returns to his labors the head of a family, who is able to support those dependent on him for some years at least—thus keeping many individuals out of alms-houses, etc., and again, the hygienic instruction which a patient gets in such a place is imparted by him to his neighbors, so that the cured or even improved individual becomes an apostle of tubercular hygiene, and his circle of friends and acquaintances profit by his instruction and example in sanitary living—thus lessening the risk of consumptives spreading the infection by carelessness born of ignorance.

The cost of establishing such an institution in our State ought not to be excessive, nor should its maintenance be burdensome. In Massachusetts, the patients who are unable to pay for their care are supported by the county from which they are sent, and this plan seems to be a good one. They have a regularly appointed Board of Medical Examiners who pass upon each case as to its suitability for admission, and they also are the visiting physicians to the sanatarium.

In Alabama the County Boards of Censors might be constituted as

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an Examining Committee who should determine the eligibility of an applicant for admission. I believe that our Association should appoint a committee to carefully investigate the advisability of the State establishing one or more such sanataria, and if they should decide favorably, our Association should try to have our Legislature provide for the same. Such a committee would have the plans and reports of institutions already in existence both in America and in England and on the continent for reference, and would be able to determine accurately the value to our commonwealth of the same.

There are other points that a discussion of my subject would easily cover, such as the instruction in hygiene and elementary Bacteriology in our public schools; the supervision of tenement houses by municipalities; the control of expectoration in public halls, on the street, and sidewalks; and many other things, but already the paper has been drawn out longer than it should have been, and I shall leave these matters to those who care to discuss the subject for their consideration.

APPENDICITIS.

By Geo. S. Brown, M.D.,

BIRMINGHAM, ALA.

Of fifty-eight cases of appendicitis which I have operated upon four were fatal. I give herewith a brief analysis of the list with a somewhat more extended discussion of the details of operation and after treatment, together with a consideration of the complications and variations that are comprehended in the brief histories of my four fatal cases.

It is of interest to notice the successive and rapid steps in the evolution of the operation which has taken place in the last ten years. The majority of the earlier cases operated upon were extra-peritoneal abscesses. These were opened with the greatest caution and drained without any attempt being made to remove the appendix. When the abscess was intra-peritoneal, that is when there were no adhesions to the anterior abdominal wall, the pus was approached with the greatest caution, so fearful were we of breaking through the adhesions and contaminating the cavity with the pus, while now we are careful to break up all adhesions to insure drainage. E. G., in my first ten cases the appendix was removed in only three. In the second ten it was removed in seven. While in the last thirty-eight is was removed in thirty-five. The large proportion of these early cases in which the appendix was left was due in part to the fact that a great many physicians believed in the medical treatment of the disease and that operation was not justifiable until the abscess was large enough to have

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made sure that extra-peritoneal adhesions had formed, the result being in such late cases that an attempt to remove the organ was made a difficult and dangerous operation. It was partly due too to the generally accepted conservative opinion of the day that it was better in cases of abscess of any considerable size to cautiously let out the pus in the endeavor to save life, than to be reckless of the adhesions that protected the general cavity. This was wise conservatism in its time and undoubtedly gave the best results that were then obtained, but has gradually given way until now we have come to be better acquainted with the physiology of the peritoneum and have more respect for, and at the same time know better the limitations of its powers. We know now that if the surface endothelium of the peritoneum has not been destroyed thorough cleansing will overcome the effects of contaminating pus even after it has been in the cavity for some hours. We know, in other words, how much the peritoneum will stand and how much it can be depended upon.

We know now that it is best in all cases, where the condition of the patient will permit it, and where the amount of pus is not so large, (as in those rare cases when the abscess half fills the abdominal cavity) but that there is reasonable chance to find the appendix, the adhesions should be broken up and the appendix searched for. When the pulse is rapid, and there have been chills, collapse or vomiting, in short when the signs of sepsis are marked, the appendix must be found and removed at almost hazard, because with such symptoms the appendix will be almost certainly gangrenous, and to leave it would mean almost certain death to the patient. We have not the same fear now of contaminating the general cavity. We know now that intra-peritoneal abscesses can rupture even an hour or two before operation and do no harm, provided the cavity is thoroughly cleaned out after the appendix has been removed and the infected areas well drained. While about fifteen per cent. of the cases in which the appendix is left give subsequent trouble removal of it is to be urged as a life saving measure in the present attack.

Of my fifty-eight cases operated upon, thirty-one had abscess. Twelve of these were extra-peritoneal, and nineteen were intra-peritoneal. Of the twelve cases of extra-peritoneal abscess the appendix was left nine times. In five of these nine the abscess was very large. The size of the abscess and the conservatism of the day account for this procedure. Of the nineteen cases of intra-peritoneal abscesses the appendix was left in the first three and removed in all the others.

Three extra-peritoneal ten intra-peritoneal and three intra-appendi-

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ceal abscesses had ruptured into the peritoneal cavity from two to sixteen hours before operation. Of these sixteen, three died. One case of sub-diaphragmatic abscess ruptured through the lung after operation which also proved fatal. Of the thirteen which recovered, four had well developed general peritonitis of six and eight hours standing. In these the cavity was full of sero-pus, and there was a great deal of lymph deposit on the serosa in the infected neighborhood. Two had the cavity full of cloudy serum, and the peritoneum presented a general angry red appearance with injected vessels on the right side. Of the three cases of ruptured appendiceal abscess, i. e., of a pus-containing appendix, one was a case of less than twenty-four hours standing, and the appendix had evidently ruptured about two hours before operation and, although the abdomen contained a large quantity of dark, offensive serum, the cavity was thoroughly cleansed and flushed and the wound closed without drainage and gave no after trouble. The second case was treated similarly but with a small drain. The third of these ruptured appendices was one of much interest and is one of the four fatal cases which I wish to report in detail.

This patient was a young man of twenty-two and was my twenty-second case. He was taken with his first and only attack at five o'clock one morning with a chill, vomiting, fever, pain and collapse. A physician was called at six in the afternoon, gave him morphin, and ordered him to the hospital. He was comfortable on his arrival, and continued so all the first part of the night. His expression was bad though, and his pulse and temperature continued to rise until at twelve the pulse was 140 and the temperature was 103, both having gone up rapidly during the last hour, during which he had a good deal of pain. Operation was done at twelve o'clock or about eighteen hours after the first symptom. The cavity was full of a dark coffee-colored offensive fluid which was seen still trickling out of a hole in the appendix itself. The peritoneum was a dull, lead color instead of the angry red that one always expects in peritonitis, and the veins and arteries were black. The conditions here were new to me, and I did not rightly interpret them until I made the autopsy two days later, when I found the conditions and appearance of the peritoneum exactly the same as at the time of the operation. The cavity was full of the same dark offensive fluid, and there were no adhesions whatever; in short there was no sign of any reaction of the peritoneum against the poison. The dark, offensive fluid came from the stump of the appendix as in the first instance, the sutures having given away because there was no adhesive inflamation to hold them. It was clear then that the rupture of the appendix had occurred early

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in the morning when the attack came on and not as at first supposed—late that night, just a short time before the operation. Evidently the amount of poisonous fluid poured out from the bowel through the rupture in the appendix was so large in amount, or so virulent in quality (or both) as to so overwhelm the system with the sapraemia, that the blood, tissue cells and leucocytes made no fight at all, and the damage was probably all done in a short time. Cases of this sort, fortunately, are rare. In such cases, I should say, death is due to sapraemia. A somewhat less amount of the poison would have resulted in what is called a fulminating peritonitis. (It is hardly necessary to say that such a case must always be fatal if not relieved within a very short time after the rupture occurs.)

My second case operated upon also died of peritoneal infection. He was a man, twenty-four years old, who had been very ill with all the classical symptoms of a gangrenous appendix for three days; chills, nausea and vomiting, high temperature and pulse, and the stricken face of sapraemia was the record of the first few hours after he was brought to the hospital on the afternoon of the third day. The operation was postponed several hours waiting for his attending physician. At 10:00 p. m. his symptoms had all grown alarmingly worse. In the two hours preceding he had had a chill and a slight collapse, and a great deal of pain, and his pulse and temperature had rapidly risen to 140 and 104 respectively. Acting on my then belief, that the better plan in such cases was to let out the pus without making any effort to remove the appendix, I did so, and evacuated about a half pint of very foul pus, with a great deal of offensive gas. His symptoms were not relieved in the least and he died two days later of general peritonitis. Evidently the abscess had ruptured a short time before the operation was done, and had I (as I have done in all such cases since), made a larger incision, broken up all adhesions, removed the gangrenous appendix, washed out the cavity and thoroughly drained, the patient's life would have been saved. These two cases reported so far were the only ones I have lost through infection of the peritoneum, one of them being moribund when admitted.

The other two deaths are also distinct types of appendiceal disaster: The first of these (case No. 20), a man, aged 22, had a slight attack of pain with lingering tenderness ten days before I saw him. When I saw him he seemed to be slowly recovering from his attack, his pulse was 100 and temperature 100, and had only a slight lingering tenderness. I left him with the understanding that his physician would call me again if his improvement was not steady. I was called again twelve days later, and found him with a large tumor over the site of the

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gall-bladder. This would have been misleading had it not been for the certainty of the original diagnosis. As it was we supposed (correctly) that the tumor was due to the fact that the pus from the appendix had traveled up the iliac fossa, behind, over and down in front of the liver. The abscess was incised and about a pint of pus drained off. The next day another opening was made below the point of the twelfth rib and a drain inserted. His symptoms were very much relieved now for two days. His temperature and pulse increased again, however, and tenderness over the liver, and the border of the organ was about an inch below the ribs. His breath became short, and he had an irritating cough and hiccough at times. The diagnosis of sub-diaphragmatic abscess was made and an aspirating needle was introduced in several directions but the pus could not be located. While preparations were being made for operating, the abscess ruptured into the lung, and it was hoped the relief would be complete and the operation was deferred. The discharge through the lung was so profuse, however, that it almost suffocated him, and the septic symptoms increased rapidly with the advent of all the signs of a septic pneumonia which ended in his death the day after the rupture and about the twenty-fifth day of the disease. The lesson to be drawn from this sacrifice is; first, that delaying operation in these terrible cases on account of apparent improvement, particularly if the trouble has been lingering for several days, is always wrong because it is often fatal. The physician in charge should have recognized the abscess before it had increased to such dimensions in the twelve days interval between the surgeon's visits. Secondly, the surgeon, when he opened the abscess in the first place, should have had the courage of his convictions and immediately opened the space between the diaphragm and the liver by resecting a rib and going through the pleural space, if necessary. No autopsy was obtained in this case, but the probability is that the appendix was situated behind the cecum in the iliac fossa. I have had several cases in this situation and the tendency in all was for the abscess to grow toward the liver. One of these, indeed, I found at the time of operation to have a second abscess well up between the liver and the costal wall; just such a case as this fatal one must have been at one stage of its upward growth. Those cases are rare on this account, and also because operation is not often delayed so long. Primarily, the very mildness of the infecting germ was, indirectly, the cause of this man's death. There was, I may say in closing this account, no sign whatever of general peritonitis.

The fourth death teaches the most important lesson of all because it was the type of a very common ending to many bad cases, and also

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because it can, I believe, nearly always be avoided. This patient, a young lady of 23 years who had never been sick in her life, was taken ill on a Sunday with a chill, vomiting, severe pain and general tenderness, which soon subsided to the right iliac fossa. She was given purgatives at first which acted well, and she experienced much relief for the first two days. The purgatives were continued but would not act after the second day. She vomited them occasionally but as a rule retained them. By the fifth day, when I first saw her, all the symptoms had grown steadily worse, and at that time her temperature was 104 and pulse 140. Operation was done at once. She had a gangrenous appendix surrounded by an abscess which had ruptured into the general cavity a few hours at least before the operation. The cavity was full of cloudy serum and the whole peritoneal surface was angry and injected though there was no plastic deposit except in the immediate neighborhood of the appendix. The appendix was removed, the cavity flushed and drained, and she was returned to bed in about the same condition that she came on the table. As I had had a number of cases similar, but in worse condition recover, I was very hopeful that the outcome would be favorable. I left her that night in the care of a good nurse, feeling that she would do well, although it was ten miles in the country and it would not be possible for me to hear from her before morning. In the first part of the night she had some vomiting which the nurse supposed was due to the ether, as it no doubt was; it kept on however, and before morning became more frequent and bilious in character. I staid a great part of the next day and the vomiting seemed to get better, the temperature was only a hundred and the pulse was 120 and less. There was some tympany for which a tight binder had been applied. There was castor oil in the vomited matter and we hoped that she would soon be rid of all that and that then she would get better. After the second night of vomiting, however, it was plain that she could not get well, and, as the temperature had slowly risen to 102 and over, it was supposed that she had general peritonitis. She had extreme tympany, and the gulping, black vomit. She died of sepsis and exhaustion in the fourth day. The autopsy done immediately showed the infected side of the abdomen completely walled off and the drains apparently reaching all the infected parts. The general cavity was perfectly healthy looking, except in the immediate neighborhood of the adhesions. I believe that many fatal cases of socalled general peritonitis are cases of this kind. That is, death is due to exhaustion from vomiting caused by paralysis of the bowel and purgatives. The part of the bowel in the neighborhood of the infected area is always paralysed for several days after opera-

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tion on one of these badly infected cases, because that is nature's way of limiting the spread of the infection. After operation the patient either has general peritonitis or he has not, according to whether or not the operation has given relief. If it is general peritonitis, purgatives cannot possibly do any good, while, if the infection is localized, withholding the purgatives can do no harm and their exhibition may be fatal. When purgatives are given at this stage one of three things happens; either the infection and consequently the paralysis are slight and the purgatives act after some delay and all is well, or, the purgatives set up a violent peristalsis which breaks up weak adhesions and causes a greater or less spreading of the infection, or it sets up a peristaltic wave, that going down to the adhesions finds them so strong, that the paralysis is so complete as to completely arrest it, the result being that a return wave is immediately sent back which causes the contents of the bowel to be carried upward into the stomach, which is followed by regurgitant vomiting. This vomiting may continue until the bowel is entirely empty of its irritating matter then cease and the patient recover, but on the other hand it may go on to a fatal termination. The symptoms are the same as in general peritonitis, and the cause of them and the conditions are the same, i. e., an inflamed serosa resulting in paralysis of the muscularis of the bowel with the consequent arrest of the peristaltic wave and the distention of the bowel with gas. We can avoid this accident, I think, most surely by, in the first place, avoiding all forms of purgatives and food both before and after the operation, in all cases of infection of the peritoneum and substituting opium and a tight abdominal binder, thus co-operating with nature instead of opposing her, and in the second place by practicing prolonged irrigation of the stomach through a tube until the stomach and bowel are empty of the food and purgatives that cause the trouble.

It is most important after abdominal operations in badly infected cases, particularly in infected appendicitis cases, that the peristaltic action of the healthy portion of the bowel should be in abeyance until the paralysed bowel shows some sign of itself, of waking up from the paralysed condition caused by the inflamation, because, when this takes place, as indicated by the passage of a little gas, or at least a feeling that gas is trying to pass, it is an indication that the inflamatory process has about spent itself, that the infected area is walled off and is draining, and that the patient will recover. A small stimulating enema now will probably be successful in making more gas pass, thus affording the patient much relief. After this, small doses of salts cautiously given will very likely go through in a few hours, and after

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that no further trouble will be experienced. In short, I am arguing that the condition of paralysis should be most carefully respected, and I am inclined to emphasize it because there is a wide spread belief that this paralysis can be cured by purgatives, which to my knowledge is a most fatal fallacy. In mild cases of appendicitis, purgatives are given and the attack often passes off and the purgative gets the credit for the cure, and the gentleman who prescribed it keeps on using it in other cases until he loses one that should have been operated upon. The fact is, that in all cases opium, if anything, should be given and operation done in all of them. If there is any inflamation there to amount to anything purgatives will not move the bowels, and if they are persisted in there is a strong chance that they will set up a regurgitant vomiting which may prove fatal. This is a sad position held by the medical man because it costs many lives each year. It is particularly sad because he gets his cue from the surgeon who practices after operation that which he regards as bad before.

There is one other accident which may happen and which is almost if not quite inexcusable. I refer to the death or post-operative abscess due to closing an appendiceal wound without drainage.

A few years ago, when the principles began to be better understood, and the results of appendicitis operations began to be correspondingly gratifying, (results, by the way, which were due nine times out of ten to thorough drainage) it was found that drainage was not necessary in those mild cases where there was slight if any local infection. With this discovery, of course, "faddists" rushed in and tried to make the rank and file of surgeons believe that they were operating successfully in all cases by dispensing with drainage altogether. This assertion is, of course, a gross exaggeration of what their daily practice really is, as there is abundant evidence of eye witnesses to prove. While all this wild talk does not seem to affect the practice of the "faddists" themselves it does do a great deal of actual murder at the hands of the occasional operators who feel that they must follow the lead of the leaders most talked about and quoted. I, myself, have never used a drain that did the least harm, except in one instance, while I have used them many times with the happiest results in cases that would otherwise have surely proved fatal. I am sure that in infected appendiceal wounds closure without drainage will cause, at least, a few cases of general peritonitis, and, at least, a few cases of post-operative abscess which will have to be opened and drained.

I will close this paper with a short account of my single case of post-operative abscess. While the patient did not die she came so near it that the case may well be made to represent one of the most terrible

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complications that ever falls to the lot of the surgeon to face: Mrs. C., who gave a history of two mild attacks of appendicitis, and one severe one during the preceding year, was taken sick at six p. m., April 26, 1900, with severe colicky pains which lasted all night. A physician was called at six a. m. of the 27th, who gave her morphia. The symptoms were all better on that day, except that she had a little fever and a suspiciously rapid pulse. At six a. m., of the second day she had a chill, followed by marked collapse and cynosis, but from which she quickly rallied. She had another similar attack during which her pulse was 160 and temperature 103.5. She again quickly rallied, and when I was called in consultation at seven-thirty p.m., the pulse was 120 and temperature 103. Such symptoms are probably always indicative of a gangrenous appendix, and such a diagnosis was given and immediate operation advised. She was removed to the hospital and operation done at midnight. A somewhat enlarged, but non-adherent appendix was removed; there was no localized peritonitis, not even of the serosa of the appendix itself. Although the mucus membrane of the appendix was gangrenous, there seemed to be no infection on the outside of the appendix at all, and it was thought safe to close the wound without drainage which was done. After the operation the temperature and pulse remained at nearly normal for five days. On the sixth day the temperature was 100 and pulse 100. On the seventh day in the evening temperature 102, pulse 110, and a stitch abscess containing foul pus was found at the upper angle of the wound and evacuated. (Owing to the patient being very fat this was the pendent end of the wound.) The next morning, (eighth day after operation) the temperature was down but was up again that evening to 102. The wound was opened throughout its extent and closely examined but could not be found to have any communication with the cavity. At this time the patient began to complain of a pain under the right costal cartilages, and on the ninth day she had a most alarming collapse, and that evening at nine her temperature was 104 and pulse could not be counted, it was so fast and weak. I was so firmly of the opinion that the trouble was caused by the infection traveling up the iliac fossa that, though the condition was most desperate, I determined, in the face of the gloomy predictions of my associates, to try to reach the trouble at any hazard. She was carried to the operating table almost insensible, and while salt solution was being given under both breasts, I rapidly prolonged the incision from the upper end down through the lumbar muscle and opened the peritoneum behind the colon, here I found greenish lymph deposit. Pushing the finger up through the newly formed adhesions toward the gall bladder I found the pus just as I expected to, close up

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under the liver. The patient now had no pulse at the wrist, and the respiration could hardly be detected. Ether was given for only a few minutes in the beginning and amounted to no anaesthesia at all. About two hours elapsed before the patient rallied enough to be removed to her bed. She recovered rapidly from the poison, but it was a long time before the wound was healed. The gauze drain, which was pushed up against the gall bladder, did not come away for two weeks, and then it left a fistula which discharged bile for three weeks or more before it finally healed. I think this secondary infection was caused by my getting the lips of the abdominal incision infected at the time of cutting off the appendix, though it is difficult to understand just how the pus could have made its way into the cavity as late as it seemed to. A drain would, at any rate, have obviated all the trouble. If, in such cases, the wound is all stitched up except for a short space in the middle for a small rubber covered drain, this drain can be removed in forty-eight hours and even stitch abscess be avoided altogether. Such a drain carries off the post-operative fluids, both of the wound and of the abdominal cavity. At the worst the use of it can only delay convalescence a few days, and in many cases will actually save life. In the case just reported, the patient had been watched very closely on account of the early symptoms which had been particularly violent, and also because the mucous membrane of the appendix was found to be gangrenous. Drainage was dispensed with, however, because the peritoneum did not seem to be infected at any point. The infection was doubtless caused by the contamination of the abdominal wound at the time of cutting off the appendix. The wound having been closed with through and through stitches, the pus was enabled to make its way into the cavity easier than towards the outside. Had the peritoneum been closed separately, and a few strans of capillary drains of some kind been placed in the depths of the wound outside the peritoneum, the trouble would probably have been obviated, and this leads me to confess that I believe that the abdominal wound it is that more often needs to be drained than the abdominal cavity itself, still, if any drain is to be used at all, it can do no harm to use one that will drain both the wound and the cavity. We conclude therefore, that there are some exceptions to the rule that: "It is best, as a rule, to dispense with drainage after appendicectomies." Remembering too that, while this rendering of the rule is less dramatic perhaps, it is also less dangerous than the happy ebullitions of the phrase makers, will keep us on our guard against the teachings of the light hearted who preach one thing and practice another, and such of their products as e. g., "Throw away your gauze" and "Never use drains after appendicectomies," as well as that perfect-

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ly killing little aphorism "When in doubt don't drain," we will take with a certain reservation which will surely redound to our credit in our account with suffering humanity.

WHAT PRECAUTIONS SHOULD BE TAKEN TO PREVENT THE SPREAD OF INFECTIOUS DISEASES?*

By GLENN ANDREWS, M.D.,

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The efforts at protection against the devastation created by disease among mankind dates back to the days of inspired history. Moses, the great law-giver, specifically instructed the Israelites in certain sanitary measures and these doctrines were so thoroughly impressed and the wisdom of them so comprehended that the orthodox Jew of today, in part at least, observes them.

The fear of the dire effects from the spread of contagion has been noted in all ages and we see that different means have been employed, from age to age, to prevent its dissemination according to the enlightenment and religious beliefs of the masses. In one community libations were poured out or offerings made to the Deity who was supposed to be responsible for such afflictions. In another all manner of self-imposed punishments were resorted to, among some sorceries were practiced, and still others imbued with Christian faith, made supplications with prayers and fasting. Many disgusting remedies have been called into use—excrement of crows, dogs and other beasts have been used to eradicate and destroy certain humors of the blood, and even today those of us who have patients to treat occasionally see distressing cases of gonorrhoeal opthalmia due to the sovereign, never-failing remedy, human urine being applied to relieve a simple conjunctivitis.

A degree of superstition has shrouded medicine always, and hence, it has afforded a fertile field for charlatanry (?) and quackery to sow deceit and deviltry.

Man, ever ready to be gulled and especially prone to place his very existence in the hands of ignorance in order to satisfy a fancy or save a few pence, has done much by accepting such service to retard and delay the era of true scientific enlightenment as to the causes, relief and prevention of many diseases. From time to time, however, a bright star of promise has shown out amid the darkness and by gathering fragments here and there medicine has at last builded a structure

*Read before the Medical Association of the State of Alabama, April 16, 1902.

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upon a basis of common sense and rationalism from which it cannot be shaken, and which is being recognized by all thinking people.

The Florentine quarantine, established about the 15th century, was the first great step toward the prevention of epidemic infections spreading from one locality to another; and, in passing, I will say that such epidemic diseases as Typhus fever, yellow fever, Bubonic plague, epidemic cerebro-spinal meningitis, and cholera, which do not occur endemically in this country, can be, and should be, kept from our shores by a systematic quarantine properly managed at all the sea ports of the country and by this government having accredited sanitary officers at all foreign ports of importance from which such infections are liable to come.

Near the close of the 18th century Lady Montague introduced from Turkey into England the practice of direct inoculation with the virus of small-pox all unprotected persons. And immediately following this, in the year 1798, Jenner announced his great discovery of vaccination. These wonderful advancements, however, were allowed to slumber until the fearful plague swept over England in 1849, followed so soon by the terrible experiences of the Crimea.

Scientists realized for the first time the specific nature of the cause of disease and set about methodically and untiringly to discover such causes and seek for a curative and preventive agent. Marvelous results soon crowned these efforts and Pasteur, Koch, Troussant and others by indisputable evidence have proved that certain diseases are due to individual micro organisms or germs. This much established, specific curative and preventive remedies were sought out, and have in some diseases been established to such extent as to lend hope that at no distant day many so-called infectious diseases will be shorn of all terror, if not entirely eradicated. The vast work done in the study of hygiene during the last half century has advanced it from a mere appendage of medical learning to a highly important branch of scientific knowledge.

A physician of today must be prepared to not only give the cause of a disease, but how to remedy it and stamp it out of existence and prevent its further dissemination. A brief paper of this character, from necessity must treat of so vast a subject in a restricted sense, and hence, only those maladies will be considered which are recognized as infectious or contagious diseases, which occur epidemically or are widely disseminated.

Recent research has shown, in many instances, both the cause of certain diseases and the way in which they are transmitted from one person to another.

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The value of this is inestimable. What precautions, then, must be used to prevent the spread of infectious diseases?

Every incorporated municipality should exercise close supervision over the general water supply, sewage systems, both sanitary and for storm and waste water, should have systematic inspection of all public and private premises, look carefully to the cleanliness of streets and alleys, and should be stringent in such means as are necessary to keep all surface closets and cess pools, where ever tolerated, in as clean condition as possible and to guard against contamination of drinking water from such sources. Shallow wells should not be permitted in crowded communities. A proper disposal of garbage and refuse is essential. All practicing physicians and friends of patients suffering from infectious diseases should be required, under penalty of law for failure to do so, to report such sickness to the proper health authorities. The premises where the patient resides must be placarded at once and all children in attendance at school from such places should be required to absent themselves from school through a given period of detention.

All meats offered for market should be inspected by competent officials and careful supervision had over the public slaughter houses.

All dairies should be closely inspected and the water and food supply of cattle which furnish dairy products for public consumption should be carefully supervised. The cows should be physically examined and tested with tuberculin for tuberculosis. A rigid exclusion from the herd of all cattle not meeting prescribed requirements should be enforced. A quantative and qualitative analysis of the milk should be made from time to time.

A general supervision over the public schools is very important. Each applicant should be required to present a certificate of successful vaccination before being enrolled as a pupil. All pupils suffering from infectious diseases should be excluded from school as well as those who have been exposed to such infection for a sufficient length of time to guard against disseminating the malady.

In sparsely settled communities and rural districts the physician should exercise care and diligence in the isolation of cases of infectious troubles, and must be so cautious in having all emanations from the sick chamber thoroughly disinfected and disposed of as to preclude the possibility of contaminating the water or dairy supply.

Certain general rules apply to the management of all infectious epidemic diseases and will be briefly considered under one head.

The room of the patient should be as remote as possible from the sleeping apartments of others occupying the house. Complete isola-

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tion must be enforced, no one being allowed access to the chamber except the physician and regular designated attendants. There should be the freest possible admission of sun light and fresh air, draughts being avoided. Unnecessary furniture, tapestries, carpets, rugs, curtains, clothing, etc, should be removed, only shades to prevent the glare being allowed over the windows. As nearly as possible a uniform degree of heat must be maintained. The floor should be sprinkled and swept each day, and window-facings, mantels, furniture and all horizontal surfaces wiped off with cloths wrung out in a disinfectant solution. The sputa is to be received into cups containing a disinfectant solution, and the dejecta passed into vessels containing a similar mixture and thrown into sanitary closets. In case such stools have to be disposed of by being thrown into cess pools the greatest care must be taken to thoroughly expose them to disinfectants before emptying the vessels and careful disinfection of the cess pool must be kept up daily. When advisable frequent sponging of the patient's body with disinfectant lotions is grateful and those suffering from eruptive manifestations should have the skin anointed with carbolized oil or some other oleaginous disinfectant. This not only alleviates the irritation of the skin, but prevents dry particles or scales from being wafted about. The body and bed linen must be kept scrupulously clean and so soon as removed from the patient or bed must be immersed in a strong disinfectant solution for at least two hours and then removed from the room and boiled. A separate set of eating utensils should be provided for the patient and these must be scalded after being used. Refuse particles of food should be either thrown into a disinfectant or burned.

Handkerchiefs, napkins, towels and such like must be treated in the same way as bed linen. When the infectious principle lies largely in the air tracts pieces of cloth had better be supplied the patient instead of handkerchiefs and then burned after use.

The nurse should wear a cotton over suit, cap and canvass slippers, care must be exercised in always having her hands clean. Before leaving the patient's room her outer garments should be changed and her hands, face and head carefully cleansed and disinfected. She should mingle with those susceptible of contracting the disease as little as possible.

A class of diseases, notably typhoid fever, cholera, primary intestinal tuberculosis, and certain dysenteries gain entrance to the human system through the alimentary tract. The micro-organism is conveyed either through water, milk or other food. It is equally certain that the germs producing these maladies are passed from the pa-

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tient only in the vomited and alvine discharges. Hence, the greatest precaution must be taken in thoroughly disinfecting all emanations from these patients. The discharges should be passed into strong disinfectant solutions and allowed to soak for not less than two hours. If the stools are compact they should be broken up ond thoroughly mixed with the disinfectant, where no sanitary closet exists the greatest caution must be taken in their proper disposal. Under no condition should they be thrown in cess pools or privies if possible to avoid it, but should be buried in trenches several feet deep and covered with dry earth, a liberal supply of lime wash having been intermixed with the discharges. There must be no possible chance of contaminating the water supply of the habitation or settlement from such repository. If from necessity such discharges are thrown into cess pools or privies these places must be daily dealt with as hereinafter indicated.

In communities where diseases of the above class prevail all drinking water should be boiled. Domestic filters are of little value in protecting against disease and must be carefully guarded or they will become a source of trouble. Attendants upon these patients must keep their hands well cleansed. These precautionary measures must be observed until a bacteriological examination shows the absence of the specific germ of the disease.

In communities where cholera prevails all cases of diarrhoea should be regarded suspiciously and treated accordingly.

Hoffkein has practiced of late in India a system of protective inoculation against typhoid fever, cholera and Bubonic plague with sufficient success to warrant further and more general experiments.

Small-pox, chicken-pox, measles, german measles, and scarlet fever are all highly contagious. The exact way in which they gain entrance into the system is not understood. However, the same precautions as before noted should be observed in the management of these maladies. The strictest isolation must be enforced against patients suffering from small-pox, scarlet fever and measles. The confinement should last until all desquamation has ceased and there is no longer evidence of sore throat or discharge from the eyes, ears or nose. Thorough vaccination will stop small-pox and it should be vigorously practiced in all communities where the disease appears.

The diphtheritic germs enters the human system by the air passages of by infected membrane coming in contact with exposed mucous or denuded surfaces. Great care, therefore, must be practiced by physicians and attendants in examining these sufferers. Those who have been exposed to possible infection should be at once inoculated with anti-toxin serum and kept under close surveilance for at least two

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weeks. Rigid antiseptic regulations must be observed in the control of these patients and especial care must be taken in having the sputa collected in cups containing strong disinfectant fluids.

Acute croupous pneumonia, whooping cough and influenza are contracted by means not understood at present; but they are infectious and probably contagious. The ejecta from all the air passages of those suffering from these diseases should be thoroughly disinfected, as should be the vomit of all whooping cough subjects. It is impossible to isolate or confine pertussis or influenza patients for a sufficient length of time to prevent the dissemination of these diseases. However, children suffering from whooping cough must be kept from school and prevented from mingling with those who are not immune.

Whooping cough and measles cause more deaths among children directly and indirectly in thickly populated districts than all other known diseases. Hence, stringent measures, based upon commor sense principles, should govern the management of these little sufferers.

The unfortunate sufferer from tuberculosis must be taught the necessity of self-management. Heredity plays its part in the transmission of this fearful curse, at least in the weakened condition of the offspring. These little fellows should be watched carefully from infancy and placed under the best possible environment. Persons infected with tuberculosis must be taught the danger of imparting the disease to others and instructed carefully as to the best means to employ to prevent this. These subjects must occupy separate sleeping apartments and under no condition must they share a common bed with an unprotected person. All discharges from them should be thoroughly disinfected, this being especially enforced against the sputa. Patients must be instructed never to spit elsewhere than into a cup of disinfectant solution. The bed chamber or sick room should be scrupulously kept along the lines before suggested. Koch's discoveries in regard to the efficacy of tuberculin as a diagnostic, curative and preventive agent promises much and we are led to hope that the time is not far distant when a sovereign remedy will be given us against this, the greatest curse of mankind.

As a result of experiments by Grassi, Felletti, and other Italian observers, the malarial plasmodium was shown to be transmitted by bites of certain mosquitoes. In no instance could they produce the disease through the medium of the alimentary tract, though subjects were given freely of marsh water to drink and similar water was used as enemata.

Blood drawn from the veins of a man known to be suffering from

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malaria was drunk by one of the physicians without producing the slightest symptom of malarial paroxysm. The impression prevailed among them, however, that the disease was conveyed through the respiratory passages, but they failed to confirm this belief. It was demonstrated conclusively, though, that the infected mosquito conveyed the disease germ. Similar experiments have been conducted on a very extensive, exhaustive and convincing scale by officers of the United States Marine Hospital Service and the United States Army in Cuba during the past three years in regard to the transmission of yellow fever. The official reports of these physicians to the government carry great weight and force and completely uproot all past theories as to the dissemination of yellow fever. After careful and most conclusive tests covering a long period of time and throwing every precaution about their work in order to obviate possible mistakes, they conclude that the disease is not conveyed by fomites and is not atmospheric, and, so far, have been unable to discover any way of transmission of the disease except by the bites of a certain genus of musquito known to have been infected by the disease. It must be kept in mind that the germ of these diseases does not originate in the mosquito, but is taken into their system in blood sucked from a person suffering from the disease, the germ undergoing a compete metamorphosis and development within the mosquito and is discharged days after into some other person by the sting of the insect. The entire and complete eradication of yellow fever from Havana during the past year, not a case having occurred there during the past three or four months, as a result of sanitary measures being taken to destroy mosquitoes at places of known infection, and to prevent their germination, and a system of isolation of yellow fever patients guarding them against possible bites by mosquitoes argues too much to pass the subject by lightly. The prophylaxis against malarial and yellow fevers consists, of course, in the observance of the same general sanitary laws given before. All apertures opening into the room should be completely protected by wire screens, and care must be taken to keep the room cleanly, all emanations from the patient being properly disinfected. The premises should be thoroughly cleaned and no vessels or contrivance allowed to remain in which water could collect. Perfect drainage must be inforced and any water which has been standing should be disinfected before being thrown out. If the water for family use is collected in cisterns they must be closely watched and prevented from giving life to these insects. In other words, accepting the mosquito as the only known source of transmission of these two diseases, a war of extermination must be practiced against them whenever a case of

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such illness occurs in a community. Remembering the patient is the true source of infection and the mosquito only the vehicle for transmission, it is of the greatest importance to render such patients inocuous. Malarial patients must be thoroughly cinchonized and after the patient is recovered from the active manifestations of the disease a mild degree of cinchonism must be maintained for several weeks or until the miscroscope fails to reveal the plasmodium malariae in the blood. Unfortunately it is not yet definitely accepted what the true germ of yellow fever is and there is no known specific. However, the patient should be kept properly protected against exposure to mosquitoes until completely recovered.

Convalescents from an infectious disease should be given a full bath and the head thoroughly scrubbed and cleaned and should be provided with fresh clothing before being allowed to mingle with other people.

In case of death from such disease the body should be wrapped in a sheet wrung out in a one to one thousand (1:1000) bichloride of mercury solution and placed in the casket as soon as practicable and the casket closed, not to again be opened. Funerals of these unfortunates should be as early as practicable and should be private. Public conveyances used on such occasions should be cleansed and aired before being again put into service.

The following table will give approximately the time which should be required to elapse before a child who has suffered from one of these maladies, or who has been exposed to possible infection, should be allowed to re-enter school, viz.:

1. Persons affected with diptheria (membraneous croup), measles, scarlet fever, small pox, (or varioloid), whooping cough, mumps, or contagious opthalmia, must be excluded from school until official permission is given by proper health authority for their readmission.

2. Persons living in the family or house where such a case occurs are excluded until similar permission is given, except in cases of whooping cough or mumps, where such persons have previously had these diseases, they may continue at school.

3. This permissinon should not be given until sufficient time has elapsed since the occurrence of the last case, to insure safety; nor until the premises have been disinfected under the direction of the sanitary officer.

4. If a child suffering from one of the above diseases attends school. the premises of the school must be disinfected under the direction of the sanitary officer.

Time when children may return to school who have suffered from the following diseases:

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Scarlet Fever.—Six weeks after convalescing, if all desquamation has completely ceased, and there is no appearance of sore throat.

Measles.—Two weeks after convalescing, if all desquamation and cough have ceased.

Diphtheria.—Four weeks after all symptoms have abated; there being no longer any form of sore throat nor any kind of discharge from the throat, nose, ears, eyes, etc., and no albuminuria, and the microscope fails to reveal the Klebs-Loeffluer bacillus.

Small Pox.—Eight weeks, provided every scab has fallen and cicatrices have healed.

Whooping Cough.—Eight weeks, provided the characteristic, spasmodic cough and whooping have ceased, or if all cough has completely passed away.

Mumps.—Four weeks from commencement, if all swelling have passed away.

German Measles.—Three weeks.

Chicken Pox.—Until every scab has fallen and cicatrices have healed

Contagious Opthalmia.—Until there has been a complete absence of discharge for four weeks, or until the inner surfaces of the eyelids are found, on inspection, to be free from granulations.

Period of time required to elapse before a pupil can return to school after exposure to the following diseases:

Diphtheria, Scarlatina, Measles, Chicken-pox, fourteen days.

Small Pox, Mumps, Whooping Cough, twenty-one days.

German Measles, six days.

Disinfection of the premises which have been occupied by this class of sufferers is of vast importance and a knowledge of the relative value of chemicals used for this purpose is necessary. Sulphur dioxide and Formalin are in most general use as fumigants. The room being closely sealed by chinking all cracks with cotton and pasting paper over all apertures. Articles of clothing, bedding, etc., should be loosely hung about the room. When sulphur is used three to five pounds must be burned to each one thousand cubic feet of air space. Before it is ignited the floor and walls of the room should be sprinkled with water, since dry sulphur fumes have but slight germicidal powers.

Formalin should be reduced to gas, one pound of Formaldehyde being allowed to each 1000 or 1200 cubic feet of air space. The room must remain closed for 18 to 24 hours under sulphur fumes and from 6 to 8 when Formaldehyde is used. Then it must be thrown wide open and exposed to the freest circulation of fresh air for several days. A solution of ammonia thrown into the room when first opened will

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readily destroy the irritating and unpleasant odor of formalin. When such provision is at hand articles of bedding, rugs, clothing, etc., should be disinfected by steam heat. In the absence of such contrivance, the mattresses and pillows had best be burned, especially if the patient has suffered from one of the graver maladies. All articles of bedding, clothing, etc., which can be boiled, should be so treated. A thorough airing of all articles, after being cleaned, in the sun light is advantageous. A 1:1000 to 1:5000 bichloride of mercury solution or a 2 per cent. solution of carbolic acid is a suitable preparation with which to scrub the floors, furniture and facings and to wash down the walls. For disinfecting the sputa and stools twice the quantity in bulk of the infected matter of either a 5 per cent. solution of carbolic acid or a one per cent. solution of chloride of lime is suitable. Bichloride of mercury, by forming albuminoids with such excreta, is slow in its process of disinfection. When used, a small quantity of common salt being added, a 1:1000 solution will be sufficient strength. In the absence of all chemical disinfectants pour three or four times the volume of boiling water over the dejecta. Equal parts of concentrated sulphuric acid and crude carbolic acid can be used in the same strength as the carbolic acid solution and is much cheaper. Frequent flushing with water, with the occasional use of either the carbolic acid or chloride of lime solution, will suffice for urinals and sanitary closets. For privies and cess pools freshly slacked lime or a solution of sulphate of iron in a proportion of about three pounds of iron to the gallon of water, should be used daily. The lime wash should be in strength about one of lime to four parts of water, one-half gallon being allowed to each person using the closet. This solution is useful in washing down the walls of the former infected rooms, cellars, stables, etc. In communities where typhoid fever, cholera, dysentery prevail, careful investigation must be made of the water supply and all drinking water must be boiled if there is reason to suspect infection from that source.

The great progress made in hygienic medicine during the past few years lends hope and reasonable assurance that the day is not distant when the specific cause of many of the infectious diseases will be recognized and the way of disseminating discovered and that through serum therapy a curative and preventive agent will be provided.

Too great credit and praise can not be bestowed upon the heroic physicians who have adopted Finlay's ideas in Cuba and proven so much in regard to the dissemination of yellow fever. It strips this monster of much of its terror and gives earnest to the hope and belief that the days of yellow fever epidemics in this country are at an end.

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Selected Articles.

THE PLACE OF DRUGS IN THE TREATMENT OF STOMACH TROUBLES.

By Boardman Reed, M.D.,

PHILADELPHIA, PA.

The author holds that the majority of medicines administered empirically in cases of so-called dyspepsia, probably do more harm than good. Even after an accurate determination of the actual existing pathologic condition by a thorough external examination of the abdomen, an uranalysis and a chemical and microscopic examination of the stomach contents, it is often found that medicines are less useful than hygienic or mechanical measures, such as a carefully selected diet, a freer use of pure drinking water, exercises, massage, electricity, etc. Indigestion may result directly or indirectly from imprudent eating and imperfect mastication, but a large proportion of complaints of pain or discomfort in the stomach are either reflex phenomena or functional disturbances, the indirect consequences of unhygienic habits of work or play. Inordinate mental or nervous strain results in persons who have long overworked or over-dissipated with the help of stimulants, including not only the alcoholic beverages, but also strong coffee and tea. The injury to the nervous system from these and other excesses, reacts very injuriously upon the digestive functions, and a considerable portion of so-called dyspeptic troubles are traceable to such excesses. In all these cases especially, drugs should play a subordinate role, particularly when stimulants and nerve tonics have been already abused, as is so often the case. The indication here is to get rid of the cause; then rest and time for recuperation. Much help can also be obtained from a life in the open air, plenty of ntural sleep, nourishing food, change of climate sometimes. and often the mechanical methods of treatment. The over-ambitious exhausted professional or business man must take a trip away, or in the worst cases, a rest cure. Many cases characterized by headache, insomnia, nausea, vomiting, and severe gastric pain, will all yield readily to such hygienic measures, especially when no organic basis for such symptoms can be found in the digestive tract. When one or both of an engaged couple suffer from gastric symptoms of nervous origin, they should be separated until the wedding day: and similar symptoms in married people are often the result of injurious methods of trying to avoid offspring. But while gastric

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neurasthenia is much more amenable to treatment by the hygienic and mechanical measures above mentioned than by drugs, a very careful use of certain well-selected remedies can often do good, after examinations of the secretions and excretions. Small doses of the bromides, the hypophosphites, the glycerophosphates, dilute phosphoric acid, and the preparations of iron, zinc, arsenic, silver and gold are among the remedies which can often be so used with advantage, except in cases where some such remedies have already been long administered before for the reprehensible purpose of enabling the patient to go on overdoing, or to persevere in violating nature's laws in other ways. When these or other drugs are administered in such cases, the only safe rule is to begin with minute doses and gradually increase if necessary, always being content with the smallest that will produce the desired effect.

In diseases that really involve the stomach, there is frequently a place for drugs, and in certain of them a very important one, when we have learned exactly in what way the organ is affected. Guessing at the diagnosis is especially condemned, and the fact is emphasized that even in cases where it may seem impracticable to use any intragastric instrument, very much important information can be obtained by an expect external examination of the abdomen, particularly with regard to the size, position and motor power of the stomach, as well as the fixity of the kidneys, the position, sensitiveness and size of the colon, etc. When the gastric secretion is excessive, as in simple hyperchlorhydria, in Reichmann's Disease, and in gastroxynsis, the administration of alkalies is generally necessary, and often in very large doses combined with small or moderate doses ofsome preparation of belladona. In acid gastric catarrh, or round ulcer of the stomach, with such a hypersecretion, the same treatment is necessary, plus lavage in the former and rest in bed in case of ulcer, besides rectal feeding for a week or two, with later milk diet.

In the opposite condition of a deficient secretion of the gastric juice, especiallly of the HCL—such as obtains generally in old cases of chronic gastric catarrh of the atonic type, and even also in some cases of chronic nerve exhaustion of long standing—an entirely opposite line of treatment is necessary. In many of these cases nothing effects such prompt beneficial results as the administration of the officinal dilute HCL in doses of from 5 to 30 drops, combined usually with pepsin.

Experience demonstrates also that very large doses, and even in fact moderate doses, sometimes markedly disagree with stomachs which careful tests show to be greatly in need of the remedy. A burning pain is often produced by it in such over-sensitive stomachs, and it is necessary, therefore, in these cases, to administer it a little at a time.

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The appropriate dose should be added to half a tumbler of water and taken in sips every few minutes during the hour following each meal. In these cases, the bitter tonics also, especially nux vomica, quassia, columbo, condurango, etc., may do good.

Massage of the abdomen and also exercises for the trunk muscles, such as body bendings, twistings, etc., are non-medicinal measures which help to restore the secretion of the gastric juice when the peptic glands have been impaired but not destroyed. When the HCL and pepsin, as well as the rennet ferment are entirely wanting, as in gastric atrophy, it is generally best to abandon all efforts to promote peptic digestion and administer full doses of a good preparation of pancreas with an alkali.

In atrophy, too, strychnin may be useful to assist in overcoming any coincident deficient motor or propulsive power, though gymnastics, massage, hydrotherapy, electricity, and especially intragastric faradism, will any one of them as a rule accomplish more in such atonic conditions, as also in dilatation of the stomach from atonic causes.

Dilatation may also result from pyloric cramp, usually dependent upon the combination of a hyperesthetic mucous membrane with a very excessive secretion of HCL. In this condition, and also in gastralgia from excessive HCL or from an unknown cause, it is proper to administer soda, potash or magnesia, in full doses, and, if necessary, at short intervals until relief, so as to neutralize beyond question all the free acid of any kind in the stomach; also belladonna for both its depressing effect upon the secretion of HCL and for its antispasmodic action. A course of arsenic may further be given for its specific nervine an antineuralgic action, though sometimes phosphorus or some other tonic will do as well, or better. This line of medication will generally be found more effective than opiates, which increase secondarily the secretion of the peptic glands, besides stopping the bowels. For the graver forms of dilatation due to tumors in or near the pylorus, surgical intervention alone can be effective, though lavage with antiseptics may palliate for awhile.

As to gastritis in the acute form, after putting the patient to bed, stopping all food and allowing water in small frequent sips only, no medicines are really required as a rule, except when necessary to open the bowels. Then 1.10 to 1.3 grain doses of calomel every half hour, or hour, till effect, will do more at first than anything else to hasten the subsidence of the nausea and vomiting, except a warm wet compress over the stomach, externally and small pieces of ice internally. When such an attack persists after the calomel has acted, a mixture of bismuth, 5 to 10 grains, with 1-4 to 1-2 drop doses of carbolic acid flavored with peppermint frequently repeated, is very effective.

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In chronic atonic gastric catarrh the bismuth and carbolic acid mixture will accomplish generally as much as any remedy administered per os, but lavage every day or two with combination of soda and common salt in the first wash water (a teaspoonful of each to the quart), followed with a weak solution of alum (dram 1-2 to the quart), silver nitrate (grains 10 to 15 to the pint), or other antiseptic astringent, can do still more in skilled hands; and the diet is all important. These solutions for lavage should be followed by washing out with a pint at least of plain warm water, and, in the case of a silver salt, with a solution of table salt.

Tumors of the stomach are always cases for the surgeon, except when malignant growths have progressed too far before discovered. In the time to come this will less frequently happen, because physicians will in suspicious stomach cases obtain expert counsel at a stage of the growth when the subsequent calling in of the surgeon will not be in vain. In non-operable cases of cancer or sarcome the main reliance will be on opium. Lavage with antiseptics will prolong life and lessen the misery when the pylorus is involved with resulting dilatation.

In displacements of the stomach, unless the organ has been pulled down by a morbid growth, there is usually no need of surgery. Strychnin and diet will do something; abdominal supports, gymnastics, massage, electricity and hydrotherapy can do very much.

PHARMACEUTICAL PREPARATIONS.

Editor Alabama Medical Journal: There is no more fruitful source of congratulation to the practicing physician of this day than the admirable preparations which come to them from the leading manufacturing chemists of our metropolitan cities in the United States. I graduated in medicine in the South Carolina Medical College in the class of 1856 and have for the past forty-five years been a close observer of the progress made in pharmacy and in the chemical combinations of the remedies which for all that time have been used with varying results. My experience assures me that there has been more progress made in the scientific discovery of the active principles of medicinal agents in the laboratories of the chemist and pharmacist than in any single department of our profession. The profession of medicine and the general public are greatly indebted to such masters in the art and science of chemical combinations as Battle & Co., Park, Davis & Co., and others of their class, for the skill displayed in conveying the remedies into the human system without the attending nausea of the uncoated pills and condiments used in our best equipped dispensaries, when I first began the practice of medicine. The fact is

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that the admirable work of these scientists has done as much, if not more, towards making the application of remedies a science than the theorist of our old school practitioners are willing to admit. With these general remarks allow me to call the attention to the action of one of these preparations under my immediate observation and to the physiological and therapeutic effect produced by its administration as well as to the pathological character of the diseases in which I have used it with more uniform success than any other agency known to me in my extended researches through a very long period of experiences: I refer to Iodia, a preparation from the laboratory of Battle & Co., of St. Louis, Mo. Iodia is a combination of Iodide of Potash with the active principles obtained from the green root of Stillinga helonias, Saxifraga, Menispermum and the phosphate of iron. It is not necessary in an article to be read by educated physicians to elaborate the characteristics of these several alternatives. It is in my opinion quite sufficient for me to remark that some of our most successful and distinguished physicians have often called the attention of the profession to the fact that combinations properly made of the active principles of remedies of a certain class produce the specific action of the class to which they belong with more certainty than any single one of these remedies do. We have as high authority as Brown Sequard for this observed fact whose prescriptions are among the curios of certain pharmacists for their remarkable and numerous combinations. For years I have desire to secure an alterative that in its effects would amount generally to a specific in certain forms of Syphalitic, Scrofulous and cutaneous diseases. I have tried the mercurial treatment, used the Iodide of Potash uncombined, and several of the vegetable alteratives but have invariably been disappointed in certain forms of these diseases, until about four years ago I commenced the use of Iodia. Since I began the use of this remedy I have had the most uniform success in the treatment of secondary syphilis and scorbutic or scrofulous diseases. Allow me to report two cases. In the spring of 1899 I was consulted by Mr. H., a traveling salesman, whose residence was then here. He presented all the symptoms and physical expressions of an advanced case of secondary syphilis and had spent hundreds of dollars, he informed me, in trying to get his health restored and to be relieved of his vile disease. When I examined him there were extensive ulcerations on the fauces and the lymphatic glands were generally enlarged with ulcerations in the right groin. Color of skin a dirty redish brown, in spots. In general he presented all the appearances of a victim of constitutional syphilis. So well described in our standard works that it is not necessary for me to present them.

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This was my first case with Iodia as a trial remedy, pleased with the formula which accompanied the preparation, I placed my patient on it, giving him the maximum dose of two teaspoonfuls three times a day. He remained at home under my treatment for twenty days, taking nothing but Iodia and looking carefully to the cleanliness of his body, and the moderation of his diet. I discharged him fully restored to perfect health to all appearances. It has been now three years since his discharge and he informed me yesterday that there had never been the slightest indication of a return of the disease that had made his life miserable for many months.

Case 2. Mrs. W., found her suffering with greatly impaired vitality, from long standing leucorrheal discharge and excessive catamenial discharge. In fact there was a general uterine debility which had continued. I was informed since her last confinement in child-birth, eight months preceding my visit to her. I placed her upon Iodia, one teaspoonful and increasing the dose on the third day to two teaspoonfuls and had the satisfaction of noticing a marked improvement in her general condition, appetite increased, skin cleared up, discharges ceased and menstrual discharge natural. She has never been annoyed with her uterine troubles since being discharged ten days after I first saw her. With the exception of wine and phosphate of iron she has taken no remedy but Iodia. And so I might go on, Mr. Editor, and present dozens of cases in which I have used Iodia alone in dysmenorrhoea, leucorrhoea and general uterine debility and in all forms of syphilitic and scrofulous diseases with the unvariable result of relieving the sufferer. I trust that my long connection with the profession will relieve me even of a suspicion of endorsing a "patent nostrum." I cannot regard Iodia or any of the preparations coming from these reputable chemists and pharmacists as such. Their formulae are all clearly set forth and there can be no deception practiced upon any one. Indeed I repeat, our profession of medicine and the suffering ones of our humanity, are really indebted to these manufacturing chemists for their perfect pharmaceutical work and the skill of their chemical applications in effecting the combinations of these potential medicinal agents.

H. Dickson Capers, M.D.

Auburn, Ala.

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JNO. C. LeGRANDE, M. D.,.....Editor and Prop.

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E. D. Bondurant, M. D., Mobile.
B. L. Wyman, M. D., Birmingham.
Thomas D. Parke, M. D., Birmingham, Ala.

The Journal will be mailed on or about the 15th of the Month. Subscribers failing to receive it promptly will please notify us at once.

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The Address of the President.

The Journal of the American Medical Association commenting on the president's address, delivered before the American Medical Association at Saratoga, says:

"Dr. Wyeth's suggestion of the need of a uniform standard of medical qualification is brief but timely, and should receive the earnest attention of the profession generally. If its sentiment on this point is strongly and generally voiced the end will be attained, if not at once, at least at an early date. That it is practicable is beyond question, as our Canadian neighbors have demonstrated. The remarks on section papers and on branch organizations are likewise intimations of what must commend itself to every one. The recommendation of

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permanent places of meeting, while doubtless not novel to everyone, is worthy of serious consideration whatever may be the outcome of the discussion. The present inadequacy of the army medical force and the prospect of matters becoming worse before they are bettr, are liv-ng questions not only to medical men, but to all who have the welfare of our country and its soldiers at heart. We believe the Association, both in the session and through its individual membership, will speak with no uncertain voice on this matter. The present status is an illustration and a result of our lack of influence as a profession, due as he says, to insufficient methods of education and to our lack heretofore of thorough organization. We cannot always, with human nature as it is, prevent quacks gaining the confidence of the public, but we can make ourselves more respected when our essential standards of qualifications are uniformly more respectable and when we have shown that we possess in our professional and civic capacities influence that no one can despise or disregard. All these are possible and we may say are realities of the future, but we need not passively wait for them to come to us.

"These are only part of the suggestive features of the address; it is a valuable summary of the leading and living questions to be considered at the present session of the Association. Some of them are to be definitely settled in the near future, others, it may be, only in the remote future. We owe it to ourselves and to all those whose welfare we have at heart, to see that the outcome is not in any way a disappointment."

Dr. Rhett Goode.

Dr. Goode, of Mobile, Ala., was elected President of the Southern Railway Surgeons at a recent meeting held in the city of Washington. This is one of the most important and influential associations in the Southern States, and in its list of membership is to be found names of many of the leading surgeons of the South.

In electing Dr. Goode president of this distinguished body of surgeons, the association not only showed great wisdom in the selection of the president, but conferred an honor upon a distinguished surgeon and physician, who is in every way worthy of it.

Dr. T. P. McMahon, of Illinois, was elected first vice president.

Dr. M. W. O'Brien, of Alexandria Va. ,was elected second vice president.

Dr. J. H. Harrison, of London, Tenn., was elected secretary and treasurer.

Old Point Comfort, Va., was selected as the place of meeting in 1903.

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Dr. T. J. Brown.

Dr. Brown was born in Carroll county, Ga., July 25, 1862. Graduated in medicine at the Vanderbilt University Medical Department in 1885, practiced medicine two years at Dolomite, Ala. In 1887 associated himself in the practice of medicine at Pratt City with his brother, Dr. G. W. Brown.

He continued in the active practice of his profession up to a few months ago, when his health failed.

Dr. Brown was a member of the Jefferson County Medical Society, and no young man in our acquaintance enjoyed to a higher degree the esteem and respect of his colleagues than did Dr. Brown. He was not only loved by his professional brethren, but was held in the highest esteem by all who knew him. He died at the John Hopkins Hospital Baltimore, Md., May 26, 1902.

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A Soliloquy.

(After Hamlet.)

By W. W. Mangum, M.D.

To practice or not to practice—that is the question:
Whether 'tis nobler in the mind to suffer
The slings and malice of non-paying patients;
Or close the ear to all such pressing calls,
And by opposing end them? To sleep, to sleep
All night; and by such sleep to say we end
These profitless visits and most tiring vigils
For these dead-beats. 'Tis a consummation
Devoutly to be wished. To sleep, to sleep.
At last; perchance to dream—ay, there's the rub:
If I could but dream the ungrateful devils
Had waked and to their senses come;
And. coming, brought a check. There's the lack
That makes calamity of so hard a life.
For who would bear the work, the imposition,
The oft repeated calls, the law's delay;
When he, himself, might his own freedom take,
And seek his ease unharrassed by such truck.
Might let them of themselves go to
The undiscovered country from whose bourn
No traveler returns; and let them rather
Bear those ills they have than fly to others
With no aim to pay. Ah me!
But conscience does make cowards of us all;
And I shall still, no doubt· let them go on,
And rub it in. For how know I but that
These dead-beats may each have a wife,
A child, who should not suffer for his sin.
And thus the native hue of resolution
Is sicklied o'er with the pale cast of thought,
And enterprises of great pith and moment
Are interfered with by the need of cash
These rascals hold of mine.

SIMPLICITY IN TREATMENT.

Simplicity in treatment especially in diseases of women is an item of no small importance. Micajah's Medicated Uterine Wafers are particularly efficacious in Leucorrhea, Endometritris, Gonorrhea, etc., and as there is no powder to spill nor water to soil the clothing they offer an ideal treatment in the above conditions. Insert wafer in vaginal canal up to the uterus every third night preceded by copious injections of hot water.

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Miscellaneous Notes.

NEW ORLEANS POLYCLINIC

Now in session fifteenth year. Closes May 31, 1901. Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of med icine and surgery. The specialties are fully taught, including labo ratory work. For further information, address Dr. Isadore Dyer, Secretary, New Orleans Polyclinic, Postoffice box 797, New Orleans, La.

There will be a number of new medical college advertisements in the next issue of this Journal.

Dr. L. G. Woodson, of this city, is spending several months in Europe. He will return about the first of October.

Dr. W. M. Cunningham, of Corona, Ala., has returned from New York, where he spent several weeks in special work in the hospital of that city.

The Jefferson County Medical Society have secured comfortable quarters in the new City Hall building, where the meetings will be held in the future.

The two Filtration Plants, as suggested by the committee from the Jefferson County Medical Society, and later by the special experts, have been ordered to be put in. It is reasonable to suppose that Birmingham will have a pure water supply in the future.

GASTRALGIA—ITS TREATMENT.

Gastralgia is, for therapeutical purposes, divided into two groups by Professor Saundby (N. Y. Medical Journal). The first group comprises those cases in which pain occurs independently of eating, and the second group, those cases in which the pain occurs after food is taken. The treatment of the first class consists of change of scene, a sea voyage or mountain air and abundant food at regular intervals. The palliative treatment consists of iron, quinine, arsenic, nux vomica and the mineral acids.

For the second class, the treatment is, rest in bed, milk and lime water in sufficient quantities—say an ounce every hour. A nutrient enema of one egg, beaten up in four ounces of milk, to be given every four hours. The amount of milk should be increased with improvement, and if milk fails, from two to four ounces of lightly cooked minced meat may be substituted.

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For the relief of the pain in both cases, Saundby gives morphia or heroin, but in a recent clinical report Professor Boone, College of Physicians and Surgeons, St. Louis, states that he finds one Antikamnia and Heroin Tablet (5 grains Antikamnia; 1-12th grain Heroin Hydrochloride) given as required, not only relieves the pain, but prevents its recurrence, much more satisfactorily than either heroin or morphine alone. In other respects he concurs with Professor Saundby in his method of treatment.

STATE EXAMINATIONS AND THE PRACTICE OF MEDICINE.

There are few liberal physicians who do not regret the fact that the privilege of practicing medicine in this country is hedged about by such a system of examinations, one for each separate State, or at least for each of thirty-seven States, that scarcely any one man may be privileged to practice medicine in the country as a whole. It is after all a curtailment of privilege for which the profession is largely responsible and for which a suitable remedy should be speedily applied.

The Journal of A. M. A., makes a proposition to solve the difficulty which may prove acceptable. If it is acceptable it should be speedily brought to a practical application. If it is not acceptable, some other plan should be adopted, which will make it possible for a well qualified physician to practice medicine anywhere in the United States without undergoing thirty-seven separate examinations each over the whole field of medical subjects.

Reciprocity, it seems to us, would be the most desirable solution of the question. But it is well nigh impossible to establish a uniform standard of examinations for all the States which will be recognized by all.

The proposition of the J. A. M. A., is this: Let a national board of examiners be established by the government, ostensibly to examine into the fitness of all applicants to be considered for any appointment to medical service under the government of whatever character—Navy, War, Hospital or Pension service. Let the certificate of this board be recognized by all the States as a proper qualification to practice medicine anywhere in this country.

In order to carry out this plan it is necessary first to obtain the proper national legislation, and then at least thirty-seven State legislatures will have to be influenced to recognize the certificate of the national board. It seems to be scarcely feasible. One difficulty is that some States may refuse to enter into the plan, and there is no way in which pressure may be brought to bear so that an agreement may be reached.

It is a difficult problem, yet it is one which cries for solution.—The Medicus.

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A PRACTICAL MANUAL OF INSANITY. For the Student and General Practitioner. By Daniel R. Brower, A.M., M.D., LL.D., Professor of Nervous and Mental Diseases in Rush Medical College, in Affiliation with the University of Chicago, and in the Post Graduate Medical School, Chicago; and Henry M. Bannister, A.M., M.D., formerly Senior Assistant Physician, Illinois Eastern Hospital for the Insane. Handsome octavo of 426 pages, with a large number of full-page inserts. Philadelphia and London: W. B. Saunders & Company, 1902. Cloth $3.00, net.

No graduate in medicine is thoroughly equipped to practice his profession unless he be acquainted with at least the rudiments of the science of psychiatry. Broad though its domain and difficult of mastery, yet every one may readily acquire knowledge of those principles upon which depend a successful treatment of those cases of mental disorder that form a part of every physician's practice.

This work, intended for the student and general practitioner, is an intelligible, up-to-date exposition of the leading facts of psychiatry, and will be found of invaluable service, especially to the busy practitioner unable to yield the time for a more exhaustive study. The work has been rendered more practical by omitting elaborate case records and pathologic details, as well as discussions of speculative and controversial questions. Certain special features of the work, also broadening its field of usefulness, are the mention of the forms of insanity not usually met with in hospitals, and the including of a comparative table of classification and a chapter on some of the ethical questions relating to insanity as they may arise in the practice of medicine. Indeed, we know of no work of its scope that covers the field so completely, yet concisely and clearly.

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ATLAS AND EPITOME OF OPERATIVE SURGERY. By Dr. Otto Zuckerkandl, Privatdocent in the University of Vienna. From the Second Revised and Enlarged German Edition. Edited, with additions, by J. Chalmers DaCosta, M.D., Pofessor of the Principals of Surgery and of Clinical Surgery, Jefferson Medical College, Philadelphia, etc. Second Edition, Thoroughly Revised and Greatly Enlarged. With 40 colored plates, 278 text illustrations, and 410 pages of text. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, $3.50 net.

This excellent work, one of Saunders' well-known Medical Hand-Atlases, needs no further recommendation to English-speaking readers than its author's name—Dr. Zuckerkandl. The rules and methods of surgical procedure are stated with the clearness that springs from definite knowledge and the emphasis born of conviction. The operations of modern surgery are described lucidly and tersely, making the book a worthy guide alike to the student and the practicing surgeon. The verbal descriptions are most accurately reinforced and illuminated by a large number of original colored lithographic plates and text cuts.

In this new edition the work has been brought precisely down to date. The revision has not been casual, but thorough and exhaustive, the entire text having been subjected to a careful scrutiny, and many improvements and additions made. A number of chapters have been practically re-written, and of the newer operations, all those of special value have been described. The number of illustrations has also been materially increased. Sixteen valuable lithographic plates in colors and sixty-one text figures have been added, thus greatly enhancing the value of the work. There is no doubt that the volume in its new edition will still maintain its leading position as a substitute for clinical instruction.

SAUNDERS' AMERICAN YEAR BOOK.

THE AMERICAN YEAR-BOOK OF MEDICINE AND SURGERY FOR 1902. A yearly Digest of Scientific Progress and Authoritative Opinion in all branches of Medicine and Surgery, drawn from journals, monographs, and text-books of the leading American and foreign authors and investigators. Arranged, with critical editorial comments, by eminent American specialists, under the

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editorial charge of George M. Gould, A.M., M.D. In two volumes—Volume I, including General Medicine, Octavo, 700 pages, illustrated; Volume II, General Surgery, Octavo, 684 pages, illustrated. Philadelphia and London: W. B. Saunders & Co., 1902. Per volume: Cloth, $3.00 net; Half Morocco, $3.75 net.

The plan of issuing the Year-Book in two volumes, inaugurated two years ago, met with such general favor with the profession that the publishers have decided to follow the same plan with all succeeding issues. Each volume is complete in itself, and the work is sold either separately or in sets.

The contents of these volumes, critically selected from leading journals, monographs, and text-books, is much more than a compilation of data. The extracts are carefully edited and commented upon by eminent specialists, the reader thus obtaining not only a yearly digest of scientific progress and authoritative opinion in all branches of medicine and surgery, but also the invaluable annotations and criticisms of the Editors, all leaders in their several specialties. As usual, this issue of the Year-Book is not lacking in its illustrative feature; for, besides a large number of text-cuts, the Surgery volume contains five, and the Medicine volume four, full-page inserts. In every way the Year-Book of 1902 fully upholds, if it does not strengthen, the reputation won by its predecessors.

SOLLMANN'S PHARMACOLOGY.

A TEXT-BOOK OF PHARMACOLOGY. Including Therapeutics, Materia Medica, Pharmacy, Prescription-Writing, Texicology, etc. By Torald Sollmann, M.D., Assistant Professor of Pharmacology and Materia Medica, Western Reserve University, Cleveland, Ohio. Royal octavo volume of 880 pages, fully illustrated. Philadelphia and London: W. B. Saunders & Company, 1901. Cloth, $3.75 net.

This work aims to furnish, in a manner suited for reference and study a scientific discussion and definite conception of the action of drugs, as well as their derivation, composition, strength, and dose. The author bases the study of therapeutics on a systematic knowledge of the nature and proprieties of drugs, and thus brings out forcibly the intimate relation between pharmacology and practical medicine. Practitioners and students will find the work an admirable guide in that most important part of their epuipment, namely, how to use drugs accurately and efficaciously. The book includes the practical subjects

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of materia medica, pharmacy, prescribing, incompatibility, toxicology, etc. A special chapter has been devoted to toxicologic analysis, including both the inorganic and organic poisons. Pharmaceutic assaying has likewise been given due consideration. There is also a section on laboratory experimentation, which, besides rendering the greatest aid to the student in the laboratory, will serve a basis for classroom demonstrations. The book will be of the utmost service, not alone to students and practitioners, but also to druggists and everyone interested in the use of medicines.

ATLAS AND EPITOME OF OTOLOGY. By Gustav Bruhl, M.D., of Berlin, with the collaboration of Professor Dr. A. Politzer, of Vienna. Edited, with additions, by S. MacCuen Smith, M.D., Clinical Professor of Otology, Jefferson Medical College, Philadelphia. With 244 Colored figures on 39 lithographic plates, 99 text illustrations, and 292 pages of text. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, $3.00 net.

This excellent volume, the first attempt, to our knowledge, to supply in English an illustrated clinical handbook to act as a worthy substitute for personal instruction in a specialized clinic, is, indeed, a magnificent addition to Saunders' Series of Medical Hand-Atlases.

The work is both didatic and clinical in its teaching, the latter aspect being especially adapted to the student's wants. A special and highly commendable feature is the very complete exposition of the minute anatomy of the ear, a working knowledge of which is so essential to an intelligent conception of the science of otology. As in all this series of atlases, the illustrations are beautifully executed in colors, and illuminate the text in a singularly lucid manner, portraying pathologic changes with such striking exactness that the student should receive a deeper and more lasting impression than the most elaborate description could produce. Further, the association of Professor Politzer in the preparation of the work, and the use of so many valuable specimens from his notably rich collection, especially enhance the value of the treatise. The work contains everything of importance in the elementary study of otology, and, without question, is a most valuable contribution to medical literature.

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THE ALABAMA
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Original Communications.

OSTEOPATHY IS THE PRACTICE OF MEDICINE—DECISION OF SUPREME COURT.

The State of Alabama, Judicial Department, the Supreme Court of Alabama, November Term, 1901.

E. EUGENE BRAGG vs. THE STATE OF ALABAMA. APPEAL FROM JEFFERSON CRIMINAL COURT.

TYSON, J.

It is admitted that defendant was engaged in the practice of osteopathy as a profession and means of livelihood without having obtained a certificate of qualification from one of the authorized boards of medical examiners.

The most important question presented is whether the practice of osteopathy is "the practice of medicine in any of its branches or departments" within the meaning of section 3261 of the Civil Code and 5333 of Criminal Code. The contention of defendant is, that it is not. He predicates his insistence mainly, indeed we may say wholly, upon the fact that in the practice of osteopathy no drugs or other medicinal substances are administered or applied, internally or externally; nor is the knife used or any form of surgery resorted to in the treatment of diseases. In fact the practitioners of that school of the healing art repudiate as remedial agents, all drugs, medicinal substances and the knife and other surgical instruments and appliances, in the treatment of or alleviation of diseases and therefore need have no knowledge of their use. They, of consequence, know nothing of the medical proprieties of drugs and other medicinal substances or of the compounding and administering of drugs in the cure of diseases. Their

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method of treatment is entirely external, consisting of "a system of a manipulation of the limbs and body of the patient with the hands, by kneeding, rubbing or pressing upon the parts of the body." However in order to practice the profession of osteopathy skillfully and scientifically, it is admitted, that the practitioner must know anatomy, physiology, hygiene, histology and pathology. Confessedly the requirement of a knowledge on the part of the practitioners of all of these branches of the science of healing the sick or diseased is to enable him to skillfully determine the disease with which his patient is afflicted and to aid him in making a proper application of his system of manipulation. For it is entirely clear from the evidence that the practitioner does not make the same application of his remedy to all diseases, but that he applies such system of manipulation as is most remedical in alleviating or curing the particular disease he is called upon to treat. In other words, after a diagnosis of the disease of the patient, he applies the remedy most suitable to the cure, confining it however to his system of manipulation as a remedial agent.

So, too, a practitioner of medicine is required to know anatomy, physiology, hygiene, histology and pathology in order to enable him to skillfully and scientifically determine from what disease his patient is suffering and after so determining he must also know how and what remedial agents should be prescribed for the alleviation or cure of the disease. So, after all, the only difference between the two is the matter of therapeutics—that branch of medical science which considers the application of remedies as a means of cure. The former, as we have shown, applies his external remedies exclusively, while the latter prescribes internal or external or both as the exigencies of the case may require. The result sought to be accomplished by each is the same—to relieve the patient's illness—to cure him. Both are practicing the art of healing or curing human diseases.

But it is said the words "the practice of medicine" or "who practices medicine" as used in the statutes, should not be extended to all practitioners of the art or science of healing or curing diseases, but that their proper interpretation or construction includes only those persons who employ medical substances or drugs as remedial agents for the alleviation or healing of diseases. This contention is based upon the proposition that the word medicine in its popular sense and as commonly understood is a remedial substance or drug; and that the practice of medicine as popularly understood inseparably includes as its great and overruling constituent the administration of drugs and other medicinal substances as remedial agents. Indeed, the whole superstructure of defendant's theory that as a practitioner of osteopathy he is not

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engaged in the practice of medicine has for its foundation that the interpretation of the words "medicine or practice of medicine" must be accepted in the sense in which these words are commonly used. With this foundation or base destroyed his theory must fall. In other words, if his premise is shown to be fallacious, of necessity his conclusion must be false. So then the question is, what is the correct rule of interpretation of these words? Shall we interpret them in their popular sense or as commonly understood, or are they to be interpreted, being technical words, used in reference to a technical subject, according to the meaning or use they have when applied to the particular art or science with reference to which they are used? It cannot be well doubted that if they are technical words having a technical meaning when applied to the particular art or science to which they refer, that such use or meaning must be given to them, unless, from the context of the statutes a different use or meaning is made apparent. 17 Am. & Eng. Ency. Law (2nd ed.), 13; 23 Am. & Eng. Ency. Law (1st ed), 324. This rule is stated by Mr. Endlich in his work on the Interpretation of Statutes (§§ 73, 74 and 75, pp. 94, 95, and 96) to be that "the words of a statute are to be understood in the sense in which they best harmonize with the subject of the enactment and the object which the legislature has in view. Their meaning is found not so much in a strictly grammatical or etymological propriety of language, nor even in its popular use, as in the subject or in the occasion on which they are used, and the object to be attained. That is, in the construction of a statute, as in that of other instruments, words are to be understood not according to their meaning as applied to the subject matter with regard to which they are used, unless indeed there be something requiring them to be read in a sense which is not their ordinary sense in the English language as so applied. * * * An obvious result of this rule is, that where technical words are used in reference to a technical subject, they are primarily interpreted in the sense in which they are understood in the science, art or business in which they have acquired it." After showing the application of the rule in the construction of words and phrases having legal technical meanings, the author continues by saying: "But the rule giving to a word its technical meaning holds equally good in the construction of statutes dealing with other subjects as to which words and phrases used in a statute have acquired such a meaning, whether it be a legal technical meaning or not; i. e., whether it be a technical meaning which the word or phrase has acquired in the law, or a technical meaning which it has acquired in any other science, art, or business, if the enactment relates to any of these, the technical meaning the word has in the law, in any

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other science, in any art, or in any business is to be given to it, accordingly as the one or the other is the subject of the enactment."

It will not be doubted that the word "medicine" however, whenever and wherever used has reference to the subject of a science or art—a technical word denoting the science or art of curing diseases; and that one who engages in the practice of it is a scientist or artist, professionally known by the name of "physician" or "doctor." It may be, and doubtless is true, that it is not and has never been an exact science, but this is due to the fact that it has been and is a progressive science—but it is nevertheless a science or art. Nor does the fact that those who practice the science or art differ as to the administration of specific remedies for specific diseases render it any the less an art or science. These differences have always existed and will, doubtless, always continue to exist.

The word medicine (Latin, medicina) is derived from 'medeor'—to heal. It is defined by the eminent lexicographer of medical words or terms, Gould, to be: "The science and art of preserving health, and preventing and curing disease; the 'healing art,' including also the science of obstetrics." By Dunglison, another author of a medical dictionary, to be: "The healing art: physic. A science the object of which is the cure of disease and the preservation of health." Biglow, an eminent physician and author of medical works says: "Medicine is the art of understanding diseases and curing or relieving them, when possible." The Universal Cyclopedia, edited by Rossiter Johnson, Ph.D., LL.D., after giving the derivation of the word "medicine" from the Latin word "medicina," defines it to be "the art of a physician, or of healing; the art and science of curing diseases." The Encyclopedia Britannica under the title "Medicine," subtitle, "Synoptical view of medicine," says: "Medicine, the subject matter of one of the learned professions, includes as it now stands, a wide range of scientific knowledge and practical skill. * * * The science of medicine is the theory of diseases and remedies."

Definitions might be quoted from other writers, but these will suffice to show not only that the word medicine is a technical word, denoting a science or art, comprehending not only therapeutics, but the art of understanding the nature of diseases, the causes that produce them, as well as the art of knowing how to prevent them, hygiene, sanitation and the like. These definitions are fully supported and their correctness thoroughly established by the history of medicine, and its practice as a science or art.

While it is true, as we said above, there has always existed differences among physicians as to the therapeutic agencies that should be em-

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ployed in the treatment of diseases, yet it has never been supposed that the disciples of any particular school of the healing art were physicians, practitioners of medicine, and those of a different school or sect were not. They have all been regarded by eminent scholars as engaged in the practice of medicine. Doubtless these differences have produced much good, caused advancement in the art, tending to perfect the science and have given the profession a broader and more enlightened view or insight into this great science.

Dr. Roswell Park in his Epitome of the History of Medicine speaks of the origin of medicine as having been nearly contemporaneous with the origin of civilization. He points out that the earliest records of probable authenticity are perhaps to be met with in the scriptures from which may be gathered here and there a fair notion of Egyptian knowledge and practice. Thus we read in the 50th chapter of Genesis, that "Joseph commanded his servants, the physicians to embalm his father, and the physicians embalmed Israel." He also speaks of medicine as the healing art, and traces the practice of it among the Greeks to Aesculapius, whom he says was the leading character in medicine of all the ancients, with the possible exception of Hermes among the Egyptians. He shows that this great physician cured ulcers, wounds, fever and pain of all who applied to him, by enchantment, potions, incisions, and by external applications. So renowned became the name of this illustrious physician, that temples were erected to his fame and in his honor, in which schools of medicine were established and the science taught. These temples existed for centuries and the schools were presided over by the priest, who treated all sick persons who repaired to or were conveyed to them. If not able to go in person, their deputies were sent. The sick person or his representative after ablution, prayer and sacrifice was made to sleep on the hide of a sacrificed animal or at the feet of the statue of the god, while sacred rites were performed. In his sleep the appropriate remedy was indicated by a dream. Moral or dietetic remedies were more often prescribed than drugs. Thus it was that medicine as a science was practiced for centuries in Greece, prior to the advent of Hippocrates (in the 460th century B. C.) to whom is credited the high conception of the duties and status of the physician as shown in his celebrated "oath" and elsewhere in his writings—"equally free from the mysticism of a priesthood and the vulgar pretensions of a mercenary craft." By some writers, this great physician and philosopher is called the "father of physic." There can be little doubt that he may be regarded as the founder of the medical profession; that it was by and through his teaching that medicine came to be a distinct art, disconnected and disasso-

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ciated from sacerdotalism. He wrote many books on medicine, and yet he possessed but little knowledge of anatomy, physiology and pathology and absolutely knew nothing of chemical drugs. Indeed he and his disciples attached but little importance to drugs as a therapeutic agent, but relied, in acute diseases, mainly upon diet, the variations necessary, in its administration, in different diseases being minutely defined. In the treatment of cases of chronic diseases, diet, exercise and natural methods were chiefly relied upon. Indeed in those days drugs as therapeutic agencies were of necessity of minor importance in the treatment of the sick, since they were few and since chemical drugs were not discovered until long afterwards, to-wit, about the fifteenth century. For several centuries the Hippocratic school of medicine, known as the dogmatist, prevailed, though there were opposing sects or schools. Succeeding the dogmatist was the school of medicine founded by Asclepiades, who, repudiating the Hippocratic doctrine, adopted hygienic remedies—for the most part bodily exercise. Gymnastic exercises as was also massage, was fully recognized by the physicians of those days and prescribed by them as therapeutic agents in the healing of diseases. So was water recognized as a scientific remedial agent—technically called Hydro-therapy. After the appearance of Galen, a great physician and scholar who is supposed to have died about 200 A. D. at the age of seventy-one years, and who wrote many works on the science of medicine, Europe for thirteen centuries seemed to have yielded to his authority. Indeed to him the medical profession is indebted for much. Yet, in the revolutions of medical opinion, the works of this great man was publicly burned in the fourteenth century by Paracelsus and his disciples; and for centuries following the medical profession was divided between the Galenist and the chemist until a complete ascendency over both was obtained by the vitalist. Thus we see that no system of therapeutics has been uniformly followed and, perhaps, as we have said, never will be. Indeed we might go further and show that at this day the regular practitioners of medicine, as they are known to the profession, recognize the efficaciousness of water, massage, electricity and perhaps other external applications to the body as scientific therapeutic agencies. It may not be amiss in this connection to instance the "rest cure," a thoroughly recognized scientific treatment for mental or nervous troubles. It consists in keeping the patient quiet and at rest, giving to him occasionally a massage, an application of electricity, a sponge bath, with proper diet. No drug is used, except a laxative, occasionally, if necessary. The use of drugs however is a secondary consideration and may be dispensed with altogether.

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Thus it is made entirely clear both by definitions and history that the word medicine has a technical meaning, is a technical art or science and as a science the practitioners of it are not simply those who prescribe drugs or other medicinal substances as remedial agents, but that it is broad enough to include and does include all persons who diagnose diseases and prescribe or apply any therapeutic agent for its cure.

Is there anything in the language of the statutes which prevents giving to the word medicine its legitimate technical use or meaning? This question can best be answered by tracing the history of the legislation on this subject culminating in the present statutes. Before doing so, however, we should bring to mind the purpose of these enactments and constantly keep before us that the legislative purpose was to protect the public against charlatanism, ignorance and quackery. (Brooks vs. the State, 88 Ala. 122.) The first enactment on this subject was approved Dec. 22, 1823 (Acts 1823, p. 45), wherein it was provided that no person or persons shall be allowed to practice physic or surgery or any branch thereof or in any case to prescribe for the cure of diseases for fee or reward unless he shall be licensed to do so. The act also provided for the establishment of boards of physicians, whose duty it was to examine the applicant and to grant him the license. In 1832 persons practicing medicine on the botanical system of Doctor Samuel Thompson were exempt from taking out a license. In 1841 it was made the duty of the medical boards to examine and license applicants to practice dental surgery, under the same rules and regulations and subject to the same restrictions, as those who apply for license to practice medicine, and a penalty was imposed upon any person styling himself a dentist or other person who engaged in the practice of dental surgery as a professional business without having been regularly licensed by one of the medical boards. (Clay's Dig. pp. 487 et seq.) The substantial provisions of these enactments were embodied into the Code of 1852. However, in the adoption of that Code, there was added the requirement that all druggists should obtain a license to deal in drugs from the medical board of the county in which such business was pursued. (Code 1852, Sec. 980). Thus stood the law, with some few amendments which are not necessary to be here noticed, until the act of February 9, 1877 (Acts 1876-7, p. 80), which committed the duty theretofore imposed alone upon the medical boards, to the boards of censors of the several county medical societies in connection with the board of censors of the Medical Association of the State of Alabama. No material change was made by this act, with respect to the class of persons required to obtain a license to

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practice medicine, surgery, dentistry, or to sell drugs except as those persons who desired to practice some irregular system of medicine and females who practice midwifery. As to irregular practitioners, they were prohibited from practicing their system of medicine in any of its branches or departments as a profession and means of livelihood without having obtained a diploma or certificate of qualification in anatomy, physiology, chemistry and the mechanism of labor from some authorized board of medical examiners. (Chap. 3 and 4 of Code 1876, p. 460-1). On the 11th day of February, 1881, a board of dental examiners was constituted, whose duty it was to grant license to all dentists who may have received license from medical boards without examination or fee, and to grant license to all other applicants who underwent a satisfactory examination, upon the payment of a fee of five dollars (Code of 1886, Sec. 1296 et. seq). In 1887 a board of pharmacy was established to examine every person desiring to conduct the business of selling at retail, compounding or dispensing drugs, medicines or chemicals, for medical use, or compounding or dispensing as pharmacists prescriptions prepared by physicians. In 1895 every physician who was licensed to practice medicine was also authoried to fill prescriptions of other physicians, compound and sell medicines and poisons, and carry on the business of pharmacists. As far back as 1875 the Medical Association of the State of Alabama was constituted a Board of Health for the State, and to it was committed cognizance of the interest of health and life among the people of the State, and the duty imposed of investigating the causes and means of prevention of endemic and epidemic diseases; of investigating the influences of localities and employments upon the public health; of making to the law-making branch of the State such suggestions as to legislative action as, in their judgment, may seem advisable. This board of physicians were, in fact, constituted the medical advisors of the State. (Acts 1874-5, p. 130; Code of 1876, Sec. 1537 et seq.; Code of 1886, Sec. 1260 et seq.) And, at this writing, to this board is entrusted largely the enforcement of all laws relating to public health, quarantine and sanitation. (Code of 1896, Sec. 2392 et seq.)

Thus has been the growth and development of the law in this State regulating "the practice of medicine in any of its branches or departments as a profession." From this growth and development, can it be seriously doubted that it was not the intention or purpose of the legislative mind to restrict the examiners of those desiring to practice medicine to that class of the profession who may prescribe drugs as therapeutic agents in the healing of diseases? We think not. On the contrary, the very first enactment on the subject (1823) prohibiting any

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person from prescribing for the cure of diseases for fee or reward without obtaining a license, is a clear, unequivocal and unmistakable declaration of the legislative purpose to deal with medicine and the practice of it in its broad and comprehensive sense—as a science or art of healing and curing diseases. And this purpose has been rather emphasied than otherwise in subsequent legislation on the subject.

Our conclusion, therefore, is that the defendant was engaged in the practice of medicine within the meaning of the statutes. This conclusion is fully supported by the decisions of other courts. In Bibber v. Simpson, 59 Maine, 181, Appleton, C. J., speaking for the court, said: "The services rendered were medical in their character. True, the plaintiff does not call herself a physician, but she visits her sick patients, examines their condition, determines the nature of the disease, and prescribes the remedies deemed by her most appropriate. Whether the plaintiff calls herself a medical clairvoyant, or a clairvoyant physician, or a clear-seeing physician, matters little; assuredly, such services as the plaintiff claims to have rendered, purport to be and are to be deemed medical." So, it is held that she was not entitled to recover for her services, she having no license to practice medicine.

In Hewitt v. Charier, 16 Pick. 353, it was held, Shaw, C. J. delivering the opinion, that "a person who practises bonesetting and reducing sprains, swellings and contractions of the sinews, by friction and fomentation, but no other branch of the healing art, is a person practising surgery, within the meaning of St. 1818, c. 113, § 1, which provides, that no person practising physic or surgery shall be entitled to the benefit of law for the recovery of his fees, unless he shall have been licensed by the Massachusetts Medical Society or graduated a doctor in medicine in Harvard University."

In Davidson v. Bohlman, 37 Mo. App. 576, it was held that, "The statutes restricting the right to practice medicine and surgery to registered physicians and surgeons and requiring the filing of diplomas, apply to one who as a physician gives electric treatments; it is not necessary that one should administer internal remedies in order to practice medicine within the meaning of the statues" which prohibited the practice or the attempt to practice medicine or surgery without first filing a diploma, etc.

The case of Eastman v. The People, 71 Ill. 236, is directly in point. The appellant there, as here, was engaged in the practice of osteopathy. The statute of Illinois defined practitioners of medicine in this language: "Any person shall be regarded as practicing medicine with the meaning of this act who shall treat, operate on or prescribe for any physical ailment of another." The court after saying that the

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appellant "professes to be able to diagnose and advise in respect to a long list of diseases, and to furnish discriminating and efficient treatment to those who may come to him, and while he may rely wholly upon manipulation, flexing, rubbing, extension, etc., yet he professes to have skill and judgment in these methods, so as properly to adapt the treatment to each case, giving it what is appropriate, in amount, and with repetition at such times and to such extent as may be dictated by his knowledge and experience;" and after stating Bigelow's and Dunglison's definitions of medicine, hold that the practice of osteopathy was the practice of medicine. We need only add that our statutes are not so materially different from the statute construed in that case as to impair the decision of it, in any degree, as an authority directly upon the question in hand. So also is the case of Little v. The State, 51 L. R. A. 717, being an osteopathy case, directly in point. See also Underwood v. Scott (Kan.), 23 Pac. Rep. 942; Jones v. People, 32 Ill. App. 453; People v. Gordon, 62 N. E. Rep. 858.

We have examined the cases relied upon by appellant. Some of them are perhaps in point but are opposed to our view of the law.

The next point we shall consider is the one assailing the constitutionality of these statutes. We need but refer to the following cases and the reasoning employed in them to uphold the constitutionality of this legislation: Brooks v. The State, 88 Ala. 122; Stough v The State Ib. 23b; Bell v. The State, 104 Ala. 79; Nicholson v. The State, 100 Ala. 132; Hewitt v. Charier, 16 Pick. 353; Dent v. West Virginia, 129 U. S. 114; Alopathic State Board, etc., v. Fowler, 24 Se. Rep. 809; Harding v. People, 15 Pac. Rep. 727; State v. Webster, 41 L. R. A. 212, and cases cited on page 217.

So, likewise, the contention that the associations and boards of censors are not regularly organized under the constitution of the "Medical Association of the State of Alabama" is untenable. It is enough that the boards of examiners are de facto acting under the provisions of the statutes and that its certificate of qualification would protect defendant from prosecution for a violation of the criminal statute.

The remaining insistence relied upon, rather as an excuse or palliation for a violation by defendant of the law, is no justification or excuse at all. It is, that the boards of examiners as presently constituted discriminate in favor of those physicians who practice the regular system of medicine against all who practice other systems or belong to other schools. If it be conceded that this fact is shown by the record, it furnishes to defendant no right to violate the criminal laws of the State. His remedy is by proper procedure in the civil courts. in the

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event his application for license is rejected. It strikes us that this defense is an afterthought. The record does not even hint at any attempt on the part of the defendant to procure a license. He rather chose to construe the law to suit his own notions and engaged in the practice of medicine without even making any effort whatever to comply with its mandates or even to have the unjust discrimination of which he complains. removed before engaging in the practice. Dent v. West Virginia, supra; Harding v. People. supra; Alopathic State Board, etc., v. Fowler. supra; Iowa Asso. v. Schrader, 20 L. R. A. 355.

The defendant was properly convicted.

Affirmed.

THE GENERAL PRACTITIONER AS A GYNAECOLOGIST.

By Robert J. Redden, M.D.,

SULLIGENT, ALA.,

Senior Counsellor of the Medical Association of the State of Alabama.

The theme of my paper for this occasion may appear quite commonplace to a large proportion of the members of this Association, as we have, at many of our meetings, in the past, listened to papers upon gynaecological subjects, worthy the pen of many of our most eminent gynaecologists.

It is a fact that Alabama can proudly boast of a number of names who have shed lustre upon many subjects connected with gynaecology, and in saying this we do not have to go back to the days of J. Marion Sims, a name we are all justly proud of, but even from our present ranks we may select the names of many who have already distinguished themselves along this line, and to whom we may reasonably look for other productions of equal or even greater value.

The papers, however, to which I have referred, have been of such a nature as to appeal more directly to the specialist than to any other class, but my paper is intended to appeal to the general practitioner, especially those who live and practice their profession in the country districts and in the small villages of the State. To this class of practitioners come innumerable cases for treatment that for many reasons the specialist will never hear of, and which can only be treated successfully by operative methods. The conditions, therefore, with which my paper will deal, will be those conditions which can only be remedied by surgical procedures, and will refer exclusively to the minor operations which should be successfully done even by the general practitioner.

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While the conditions with which I will dwell may be considered of a trivial character, it is no less a fact that they are conditions which entail a great amount of pain and suffering, both physically and mentally, even quite as much as some of the graver conditions. The woman with uterine fibroid, ovarian cysts or other pathological conditions which may require the utmost skill of the educated and practical specialist, equipped with all the environments of the well appointed hospital or sanatarium to restore her to health, probably suffers no more pain and distress than the woman with endometritis, lacerated cervix, or lacerated perineum. And since it is the great aim of the physician to relieve pain, and restore lost health to the afflicted, it is our duty to give as much study and attention to the details of these minor ills as will thoroughly qualify us for their successful treatment.

This is an important subject from more than one standpoint, but a condition of affairs which appealed to me more strongly than any other to present a paper upon this subject, was the fact that so many of these cases come to the country doctor for treament. Unless these cases are taken in hand by the country doctor and operated on by him, they are never cured. First, because in a majority of instances they are unable to meet the necessary expenses of going to the specialist for an operation, and second, the physician consulted, not having sufficient confidence in himself to undertake the performance of these operations, discourages those who might be able to pay for the operation, from consulting other doctors whom they know would advise and perform the necessary operation. My observation has been that very few general practitioners particularly in the small towns and country, do any surgery upon the female. As a rule, these physicians do a large general practice, and it is but reasonable to infer that many cases come to them for treatment which can only be successfully treated by surgical procedures. Consequently many a poor woman thus situated is forced to drag out a miserable existence with some simple pathological condition which cannot possibly be corrected by medical treatment, but is easily corrected by a simple operation that ought to be performed by the family physician.

In order to gather a few statistics as to the proportion of general practitioners who do operative gynaecology, I sent the following letter to fifty doctors practicing in the country and small villages scattered over the State:

"Dear Doctor: Intending to prepare a paper for the next meeting of our State Medical Association, upon the subject of The General Practitioner as a Gynaecologist, and desiring a few statistics for my paper, I shall be under many obligations to you if you will answer the following questions by return mail:

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1. Do you do any gynaecological surgery in your practice?
2. State the class of operations you have performed.

Fraternally,

R. J. Redden."

To this letter I received forty-one replies. Thirty-four of this number stated that they did no operations upon the female. Four stated that they had done some operations, but did not state the kind. One stated that he had done quite a number of minor operations. such as curetting the womb, repairing lacerated perineums, etc. One stated that he had removed the ovaries in two cases, and had done other minor operations. And one gave me quite an elaborate account of his achievements as a "surgical doctor," among them being the "removal of a very large ovariotomy."

Within the boundaries of the practice of these thirty-four doctors who do no surgery upon the female, there are, beyond all doubt, many afflicted females who fall under the class I have heretofore mentioned, viz.: those with conditions easily cured by surgical methods, which drugs are powerless to remedy. Suppose, for intsance, a woman comes to our office and gives us something like the following history: She informs us that a few years ago she was in perfect health and continued so until the birth of her last child, which we will say, for illustration, is three years old. After getting up from her confinement she finds her health failing. She begins to experience dragging pains in the bowels, has a sense of weight in the pelvis, is troubled with irritable bladder, leucorrhoea, constipation, and in fact all the symptoms which would lead us to a diagnosis of some uterine displacement. Upon a careful, digital and speculum examination, we would find our diagnosis verified, with the additional discovery of a badly lacerated perineum.

Right here we are confronted with a condition which our drugs are powerless to relieve. The perineum, being indirectly one of the supports of the uterus, must be restored to its normal condition before the uterus can be retained in its normal position.

Now, I insist that the conditions here presented can and should be successfully met, even by the general practitioner. A perineorrhophy is the clearly indicated procedure here, and unless we so state it to our patient we have not done our duty. We should cure her, or else send her to some other doctor who will.

This is one of the most difficult procedures in the minor class of gynaecological operations to perform successfully, not that it requires any undue amount of dexterity on the part of the operator, but the failure to get good results is mostly due to an imperfect knowledge of what is desired to be accomplished, and an imperfect, careless technique in operating. With a thorough understanding of the indications

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to be met, and a well selected, and carefully executed method of operating, the results are very gratifying to both patient and operator.

Now, what is the object, or rather objects ,to be attained by an operation upon a lacerated perineum? Is it simply to cure the laceration which exists? By no means is this all. Here is not only a simple tear of the tissues which has improperly healed, but in this tear has resulted a destruction, or a partial destruction, at least, of the perineal body, a triangular wedge, composed of fascia and areolar tissue which fills up the space between the walls of the lower parts of the vagina and rectum, and which acts as a shelf, upon which rest the walls of the vagina, the fundus of the bladder, and the anterior wall of the rectum. The extent of the destruction of the function of the perineum, of course, depends upon the degree of laceration. In the first degree, the triangle is simply split through the vaginal wall. In the second degree, it is split to the centre of the triangle, and in the third it is divided clear through into the rectum.

Now as a result of this laceration, any or even all the following conditions may be present:

Displacements of the uterus, cystocele, rectocele, chronic cystitis, chronic proctitis, uterine engorgement, vaginitis, leucorrhoea, neuralgic pain, impairment of the uterine ligaments, impairment of sexual gratification.

The objects, therefore, of a perineorrhophy, are to restore the perineal body to its normal state, and at the same time cure any of the pathological conditions which I have enumerated that may be present.

A number of operations have been devised for the reparation of a lacerated perineum, but practically there are only two steps in any of the operations. The first step in the procedure is to revivify the cicatrix, and the second is to approximate the revivified surfaces and retain them in perfect apposition until permanent adhesion occurs.

The preparation of the patient consists in first looking after the general health. If the health is not good, the operation should be delayed two or three weeks, and the patient put upon tonics and such other treatment as may be indicated. The bowels should be opened and kept so by some mild cathartic. During this period the vagina should be irrigated thoroughly twice a day with hot water to relieve all local irritation and to wash away all vicious secretions. On the evening before the operation, the vagina, after first being irrigated with a hot normal salt solution, should be loosely packed with sterilized gauze to absorb any secretions that may not have been removed by the douche. The vulva and pudendum are shaved and thoroughly

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cleansed with green soap, and are then covered with a pad wrung out in bichloride solution of 1 to 2000, and held in place by a perineal bandage. This is to remain on the patient until placed upon the operating table. Whenever the urine is voided, the parts are again irrigated and a fresh pad applied. When the hour for the operation has arrived, the patient should be placed upon the table before a window with a strong light, in the dorsal position, and the anaesthetic given. The hips are down well over the edge of the table, the thighs are flexed upon the abdomen and held by an assistant on each side. The assistant holds the thigh under the arm, and with the hand of the same side steadies the foot. The unoccupied hand of the other side is to be used to hold a retractor as hereafter mentioned. Another assistant removes the pad previously applied, and the gauze from the vagina, and proceeds to give the vulva and surrounding parts a final scrubbing with germicidal soap, which is rinsed with sterilized water, and dried with a sterilized towel. A sterilized towel is then spread out over the thigh on each side of the patient, another across the pubes and another placed under the buttocks. These towels are pinned together, and to the clothing, to keep them in place. The field of operation is thus entirely surrounded by sterilized towels.

Of course, before all this has been done, the operator and assistants have thoroughly sterilized their hands and forearms, and all the instruments, ligatures, towels, sponges and dressings to be used in the operation have also been sterilized by methods with which you are all familiar, and which I will not stop to explain.

The operator now seats himself upon a chair or stool of conveninet height, and with two tenaculums he seizes the margin of each side of the vulva at the level of the remains of the hymeneal ring, and draws them together. This is done for the purpose of determining accurately the degree of narrowing necessary to restore a normal size vulva orifice, and to outline the limits of the space to be denuded. These decided, a strong traction ligature is inserted, rather deeply, to prevent tearing out, just above the point where the denudation is to terminate, on each side of the vulva margin. To the end of each of these traction ligatures, is clamped a strong haemastatic forceps and handed to the assistants on each side, who are holding the legs of the patient. These make traction sufficient to widely separate the labia and to stretch the perineal margin sufficiently to make it almost a straight line from one traction ligature to the other. A tenaculum is now inserted into the posterior wall of the vagina, in the median line, at a point just above the upper end of the laceration. This is held by another assistant, who draws upon it toward the pubes.

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Traction from these three points forms a triangle with its apex at the point of insertion of the tenaculum, and its base along the stretched out perineal margin from one traction ligature to the other. A line is now made with an aniline pencil on each side from the traction ligature to the point of insertion of the tenaculum above. Within the boundaries of this triangle is the space to be revivified. The next step is the denudation of this triangular space. With a mouse-toothed forceps, pick up the perineal margin just below the traction ligature on the right side, and with a pair of curved scissors, remove a narrow strip of tissue along the base of the triangle to a point just below the traction ligature on the opposite side.

The vaginal margin of this base is now detached with a pair of sharp-pointed curved scissors, and peeled back all along between the traction ligatures. Now pick it up in the centre with the forceps, and insert the scissors with the concave side up, into the recto-vaginal septum, hugging the vaginal wall as closely as possible to prevent wounding the rectal wall. Now separate the blades of the scissors and withdraw them, open. This separates the vaginal wall from the rectum for a considerable space. This dissection is continued carefully until the mucous membrane covering the triangle is separated from the tissues beneath it. This flap is now removed with the scissors, following the aniline lines from the traction ligatures on each side to the apex of the triangle. Irrigate the surfaces with hot normal salt solution. Sometimes the bleeding is quite free, but can be checked by hot water torsion and compression. If this part of the operation has been properly performed, you have ideal surfaces for approximation.

We have now reached the most particular and important part of the operation; the coaptation of the denuded surfaces. Unless this is most carefully done, the operation will prove a failure, no matter how skillfully and with what care the work has been done up to this point. Any method of suturing which will accomplish this end may be adopted, but the following has given me better results than any other I have followed: Take a No. 1 chromacized catgut ligature and thread it into a small curved needle about one inch in length. The ligature should be prepared to last at least two weeks before absorption. The suturing is done in layers, each layer burying another beneath it, and being so placed as to accurately approximate the opposite sides of the denuded surfaces, so that no spaces will be left for blood or serum to collect and prevent union. A needle forceps will be needed for the inserting of the needle. By drawing upon the tenaculum in the posterior wall of the vagina, the field of operation will be drawn nearer the vulva orifice and within easier access of the operator. The needle is

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first inserted through both margins of the vaginal wall near the apex of the denuded surface, from left to right; and here I will state left and right have reference to the patient and not to the operator. The suture is drawn through to within four inches of the end and tied. The tenaculum is removed, and the free end of the suture is clamped by a hæmortatic forceps and given to the assistant to hold. The next insertion of the needle is made an eighth of an inch from the vaginal margin, on the denuded surface and the same distance below the first insertion. Bring the needle out a little to the left of the median line. Now take a similar stitch on the right of the median line, bringing the needle out on the denuded surface. Continue this method down the median line, making the sutures one eighth of an inch apart, until you reach the perineal margin. As these sutures are drawn tightly, relax the traction ligatures. This permits the denuded surfaces to be drawn closely together. When the perineal margin is reached, do not bring the needle out upon the skin surface, but continue another row of sutures in the same manner to the apex, catching up the denuded surface a little to the outer side of the first row. When this last row of sutures is tightened, more of the denuded surface is drawn together, and the first row is buried out of sight.

Now unite the vaginal margins from above downward. At this point the traction ligature at the apex of the denuded surface, is cut short, allowing the vaginal wall to drop back into position. The line of sutures is now continued on down the perineal margin, securely tied, and the end cut short.

The perineal surface is cleansed and dried, and the vagina wiped out dry. A drying antiseptic powder is sprinkled freely over the wound and surrounding surface. Several layers of plain, sterilized gauze are applied. Over this a pad of absorbent cotton, which is held in place by a perineal bandage. The dressing should be changed only as often as is necessary to preserve an absolutely dry condition of the surface. The parts should not be washed until union has taken place, unless they become soiled from urine or other discharges. The patient is to be put to bed and kept in the recumbent position until complete union has taken place. The bladder must be emptied with the catheter for the first week to prevent the urine from coming in contact with the wound.

I have, in a brief way, tried to describe only one operation out of many, that even the general practitioner might perform.

In the preparation of this paper I have not tried to present anything original, but my prime object is to inspire a new interest in an old subject, and if possible, encourage the general practitioner, who has not already done so, to take up this question, and give it the study

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which its importance demands, and which will enable him to put into practical application the principles upon which the successful treatment of these conditions are based.

If my paper can only provoke a discussion which might result in a renewed interest being taken in this subject by the class of practitioners to whom it appeals, I shall feel that the object for which my paper has been prepared, has been attained.

While I would like especially to hear from any general practitioners who may be present, and who have any experience along this line of work, I would also be much pleased to hear from some of our ablest gynaecologists, who, while giving us encouragement to pursue this line of study and practice, can also give us much needed instruction.

DYSENTERY.*

By B. E. GRAHAM, M.D.,

GURLEY, ALA.

To the Gentlemen of the Tennessee Valley Medical Association:

Dysentery is a specific febrile disease with a characteristic local lesion. Inflammation of the mucous membrane, and of the solitary and tubular glands of the large intestine which may be catarrhal or croupous in character, constitute this lesion. It may be acute or chronic, epidemic, endemic, or sporadic.

Few diseases have been longer known than this. Hypocratese gives his description of dysentery, Galen first localized it in the colon; that is the chief seat of the affection. In 1626 it was defined as an endemic and sporadic disease by Sermertus, who also spoke of some of its clinical features. Morgagni was the first to hold a postmortem and give us an anatomical study of the disease. The most accurate pathologic researches were made during the century just past by Cruveilhier first, and later by Virchow, whose results have settled most of the disputes upon this subject. In the United States dysentery has prevailed epidemically for over a century.

I will not dwell on the morbid anatomy of this trouble, but will refer briefly to the etiology. Dysentery seems to be a residenter of malarial districts, so much so that I think in all probability there is a specific dysenteric miasm, for beyond all doubt the discharges from a patient suffering from a so-called malarial dysentery, after having undergone certain changes, are capable of causing the disease.

This may in our own counties be the source from whence comes the majority of this disease, for those predisposing causes, such as impure

*Read before the Tennessee Valley Medical Association.

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air, bad or insufficient food, or a diet wanting in vegetables, alcoholisms, mental anxiety, excessive fatigue, etc., cannot be a local complaint only in exceptional cases.

The symptoms are not always characteristic, for in some cases we may have a prodromal stage, loss of appetite, abnormal tongue, constipation alternating with diarrhoea, a dry skin, and a feeling of general malaise. This we have in the beginning of typhoid and other fevers, but the severer forms of acute dysentery commence with a chill or severe rigor, followed by a slight rise in temperature, accompanied by loss of appetite and nausea. The temperature usually ranges from 101 to 105, or may even reach 105. The pulse increases in frequency, small and compressable. Just here or a little later on, there is a constant desire to go to stool, griping pains in the bowels, both during and after the passage, which is mucus, watery, and contains lumps of hard faeces-scybaler. During and especially after the passage comes the terrible and awful straining and bearing down "tenesmess," caused by the involuntary action of the muscular fibres of the rectum, produced by the irritating effect of that poisonous mucus clinging to its walls. At the very beginning the nervous depression is marked, strength fails, the face assumes a pale, anxious expression. Soon the discharges become scanty and more frequent, mixed with blood and mucus, constituting the so-called "bloody flux," and have the odor so peculiar to dysentery; number of actions varies according to the temperament of the individual.

If the disease is seated at or near the upper part of the lower intestine, there will be bilious discharges mixed with blood and mucus, constituting what I have heard called bilious dysentery. As the disease advances, the patient becomes more restless, irritable and anxious, and the expression will be that of intense suffering. After the first few days that condition of shock which is so characteristic, will give way to pain and tenderness of the abdomen, and in most cases the least amount of food will produce tormina, and a revolting action of the stomach follows, which is by no means a favorable sign. As the severe type of the disease advances, the discharges, possibly as early as the sixth or eighth day, change to a muco-purulent, mixed with blood resembling washed raw meat. The thickened intestine can now be felt through the abdominal parietes. The abdomen now becomes tympanitic and the tenderness increased, and is more marked along the line of the lesion. In bad cases the actions become brownish in color, caused by the mixture of blood forming what is sometimes called the "poke-berry actions" by older physicians. When this does occur my observation has been that restlessness increases, delirium sets up, sometimes low, sometimes wild suppression of the urine, subnormal

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temperation coming on suddenly, cold perspiration, flickering pulse, cyanoses of extremities, and within a few hours the patient's suffering is relieved.

But if recovery is to take place, the discharges become less frequent during the second week, and take on a foecal odor. The pulse increases in force and volume, and decreases in frequency, gas is passed with each action, consequently the tympanitis gives way and the patient passes slowly to convalescence.

I shall not speak of the scorbutic dysentery, as I have had no experience with it, neither shall I refer to the chronic form more than to say it is a sequence of the acute in our locality, and for the present the acute concerns us most.

I will not speak of the differential diagnosis and prognosis, but pass on to the more important part, to doctor and patient.

Treatment—Unfortunately for the people and the physician as well, we are not called till they have in most cases taken a bottle or two of diarrhoea mixtures, which I prefer calling hot drops, and drops they are, for the patient is usually down about the second notch, but if I am called in the beginning, I have two procedures; sometimes I use one, sometimes the other.

If the patient has not been purging very much I give him a good dose of castor oil, to be followed soon by a high enema, getting as much of the poison eliminated from the bowels as possible, then begin on opium, and push it for its astringent and sedative effect. In connection with this, hot poultices, proper diet and rest. But as I have just stated, the majority of cases have been taking hot drops until all the secretions are locked and especially the liver, and here I usually give first a dose of Mercury and Opium in form of Dovers powders combined, and, if possible, by the use of injections, etc., get the canal well cleaned, get back to Opium as above stated; of course this may not be all sufficient but as to the use of injections or Antiseptic irrigation of the bowels if properly carried out are curative for by this means we can destroy the Ameboe, if they be there.

Unfortunately the bowel is so irritable that the use of this mode of medication is seriously interfered with in many cases. If on this account, large injections cannot be used, begin with small ones and gradually increase the quantity. If necessary, we may use Laudnum and Starch water per rectum, or even an injection of forty per cent. Sol. Cocain, after which large injections are well tolerated.

Among the best agents for such injections are the tonic and Salacylic Acids, and the old stand by, Nitrate of Silver. As to the strength of these solutions I do not believe in having them so strong as to necessitate the use of an Antidote after their administration.

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Local means in the form of hot fomentations, light poultices and Turpentine stepes often gives the patient much comfort.

As to complications, they must be met by appropriate treatment as they arise just as under other circumstances.

ALBUMENURIA IN PREGNANCY.*

By T. A. Casey, M.D.,

NORTH BIRMINGHAM.

Albumen, although a normal constituent of the blood, when found in the uterine of pregnant women usually has associated with it other symptoms, such as severe headache, impairment of vision, anaemia, dyspnoea, nausea and vomiting, oedema, high tension pulse and ultimately convulsions. It appears that no name suitable for this condition has yet been suggested, however, with our present knowledge, toxaemia is as good as any.

Eclampsia, which comes from a Greek word signifying to shine or flash out, was conferred upon this condition. Hirst says, because of its sudden onset, "This disease is peculiar to the pregnant woman, but the real cause is yet unknown." We know that there is kidney insufficiency, and of late we have what obstetricians style pregnancy kidney; it does not amount to a nephritis, but the kidney is in an anaemic condition, and is either over worked or about to strike work. Some take an exclusive view and say that the retention in the system of urea is the sole cause, hence the name uremia, while others more liberal in their views hold that the office of the kidneys is not only to excrete urea, but also other excrementitions principles derived from maternal and fetal bodies such as creatin, creatinin, leucin, etc., hence the name "urinemia." Intra-abdominal pressure has been mentioned as a cause which amounts to a mechanical obstruction of the renal circulation. I shall take the position that the most probable cause is a failure of the kidneys to eliminate from the mother excrementitious substances derived from the fetal body, and in support of this proposition, refer to the following facts:

1. The patient must be pregnant before she can have the disease.
2. A primipara is much more liable to it than a multipara.
3. It does not usually occur before the seventh month of gestation.
4. It is seen ten times more frequently in multiple than in single pregnancies.
5. To empty the uterus the symptoms rapidly disappear. The prognosis in these cases is to be withheld because there is no one who

*Read before the State Medical Association, Birmingham, Ala., April, 1902.

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can tell what the result will be, however, we all agree that the mortality is high in eclampsia. The patient is indeed out upon a stormy sea, and if she weathers it through, we are to congratulate ourselves; the friends will also feel grateful to us, and the patient herself will not realize the great perils through which she has just passed.

Until recently I did not realize the importance and the great benefits to be derived from that comparatively harmless proceedure, the induction of premature labor. Some look upon it as being dangerous and radical, but this is not the case. Boislinere says: "Of all the operations of midwifery, the induction of premature labor is the most conservative and beneficent." To decide when to adopt means of this kind requires more judgement and skill than the operation itself. I have consulted quite a number of authorities on this subject and they all agree that we should not wait till the symptomatology become extreme, but in every case with threatening symptoms do not hesitate but resort to it at once. Such symptoms as severe headache, oedema, albumenuria and blindness speak in tones unmistakably of great danger threatening. Playfair took this view of the situation 22 years ago.

As craniotomy upon the living child is sometimes spoken of in this connection, I will say that it has been my belief for some time that this operation is unjustifiable in any case, and especially so in the larger cities where we have all the facilities that modern surgery requires. Craniotomy upon the living child should be laid aside as one of the relics of barbarism.

Case 1. Mrs. L., primipara; had been pregnant seven months. I saw her on August 6, 1901. Ten days prior to this time she had severe convulsions. She now presented a very anaemic condition, could take scarcely any food, had severe headache, with oedema of face, hands and feet, impairment of vision and albumenuria. I suggested the induction of premature labor without waiting another day; this was readily consented to by the family and attending physician. At 2 p. m. the cervix was packed with sterile gauze and was allowed to remain 16 hours. Ten hours from the time the gauze was placed in the cervix the patient began having slight pains, and they gradually increased until 6 a. m., the following day, at which time the gauze was removed, the membranes were undisturbed, and the labor progressed during the day very much like a natural one. She was delivered at 4 p. m., 26 hours from the time the operation was begun. Her convalescence was rather slow, but otherwise satisfactory and complete, the child was quite small and feeble, but survived and was soon in a thriving condition.

Case 2. Mrs. P., wife of a miner; eight months pregnant. I saw her with my collegues, Drs. Collins and Watts, on February 10, 1902.

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She was totally blind, had severe headache, nausea and vomiting; the stomach would not retain food of any kind, the urine was heavily loaded with albumen; there was also some mental disturbance and a tendency to coma, but she had had no convulsions. The amaurosis was most likely due to paralysis of the optic nerve, a result of the toxaemic condition. The cervix was packed with gauze on February 11th at 2 p. m., and was allowed to stay in place 24 hours, at which time it was removed, the patient's condition seemed slightly better, probably the effect of the purgatives and diuretics. The cervix was repacked and the patient was delivered 8 hours from the time of the second packing. She made a good recovery. The child is also in a thriving condition at this time.

It will be observed that in the two cases reported that there was no death either of the mother or child. This is perhaps due to the limited experience which I have had, as any one who will take the pains to investigate the subject will realize the gravity of the situation, both for the mother and the child, but I believe that every case could be successfully managed if they were recognized early and proper measures adopted for their relief.

GUN SHOT WOUND OF ABDOMEN—COMPLICATED WITH CHRONIC APPENDICITIS—RECOVERY.*

By J. M. WATKINS, M.D.,

TROY, ALA.

Mr. President and Gentlemen of the Association:

The case which I will endeavor to report is of interest from the fact of it being a case of penetrating gun shot wound of the abdomen, complicated with chronic appendicitis.

On April 29, 1901, I was called very hurriedly to see a young man, age 18, J. A. H., who had been accidentally shot by a friend with an improved Smith & Wesson, 38 caliber, pistol, at a range of eight feet. The shooting occurred in a barber shop only a short distance from my office. Upon my arrival I found him lying prostrate on the floor, almost pulseless from the shock of the wound. After giving him heroic doses of strychnine, morphine, and stropine, administered hypodermically, I began investigating location of wound and course of bullet. I found that it had entered the abdomen midway between the umbilicus and pubes in the median line, passing obliquely through the lower bowels, making its exit through the right innominate bone. The condition of patient showed there was considerable hemorrhage going on internally, so a laparotomy immediately was deemed impera-

*Read before the Medical Association of Alabama, April, 1902.

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tive, or all hope of saving patient's life would soon be lost. He was removed to a room over a store near by and help secured—and hasty preparations were made for opening the patient's abdomen. Having properly sterilized my instruments, together with plenty of antiseptic and saline solutions. My assistants began preparing patient's abdomen by thoroughly scrubbing with soap, bichloride solution, and ether. In three hours after the shooting we were ready to proceed with operations as follows: Having placed patient on operating table an incision of about five inches was made in the median line, through the wound into peritoneal cavity. Parts being held open by retractors. A careful examination was made of abdominal viscera, in the track of bullet. There were revealed seven perforations of the intestines and considerable hemorrhage from one of the mesenteric arteries, which was immediately ligated with silk. The suturing of the rents in the bowels with cat gut were hastily and carefully attended to, making lembert sutures. On further investigation the serous and muscular coats of ceacum was found to be cut by bullet. These cuts were sutured also. Here we found the appendix very erectile, hypertrophied and in a state of chronic inflamation, the organ filled with fecal concretions. My assistants readily agreed with me that it was the proper time to remove the diseased appendix, which I did by the usual method. Having completed the operation for appendicitis and cleared the abdomen of all clots by irrigating with hot normal saline solutions and satisfying myself there was no more hemorrhage, I proceeded to close the incision. This was done with ordinary silk sutures in the usual way. The wound, dressed with iodoform and bichloride gauze, healed by first intention, except three lower stitches which were infected by the dressing slipping up. These healed very readily by granulations. Patient reacted nicely with but little nausea and vomiting, an in unusually good spirit—took liquid diet for 10 days and bowels moved freely after the third day. Temperature ranged from 99 1-2 in the morning to 102 in the afternoon. The high temperature in the afternoon was attributed to the increased heat which was unavoidable on account of location of room. Temperature remained high in the afternoon for about five days. After placing patient in bed I interrogated his mother in regard to colicky spells he was accustomed to have every few days. These she thought were due to errors in diet. During these spells she usually gave him castor oil and spirits of turpentine with good results. She also stated that he had been suffering for about five years, and that he had had a severe spell of the colic only three days prior to the wound. Since recovering from operation he has been in best of health and suffers no inconvenience whatever. He now does regular manual labor, such as putting up telephone lines, etc. Patient

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states that he was never able to enjoy ball games, as the running would produce cramping pains in the right iliac region. This he noticed for quite a while prior to the colicky spells. I am greatly indebted to my assistants, Drs. Boyd, Sanders, Johnson and W. N. Sneed, of Fairfield, Texas, (who was a visitor at the time) for their valuable help in the case.

REPORT OF A CASE.*

R. S. HILL, M.D.,

MONTGOMERY, ALA.,

Gynaecologist to the Hill Infirmary, Counselor Alabama State Medical Association, Ex-President of Medical and Surgical Society of Montgomery County, Montgomery, Ala.

The case that I wish to report came under my care a short time ago. She is a white girl, about twenty years old, and has a good family history and her general development is unimpaired. She was chlorotic and low in physical strength—the least exercise producing great weariness. Heart and lungs showed no organic trouble, though her cardiac beats were very much accellerated from the lack of general vital force. Each of several chemical examinations showed albumen in the urine but nothing could be detected miscroscopically that indicated disease of the kidneys or bladder. Albuminuria is a frequent accompaniment of uterine malformation. Her appetite was poor and her digestion bad. During the first few years of menstrual life the flow was painless but irregular in appearing. At the time she consulted me her menses were twice as frequent as they should have been and were attended with pain and lasted twice as long. Examination under anaesthetic revealed at the upper portion of the vagina a membranous shelf or pocket projecting from the left wall, a normal cervix from which there extended upwards and to the right side a body having only one ovary attached to it and in which a uterine sound passed in the cervix, readily entered. This body was evidently a uterus but attached to it on the left and about the level of its internal os was an oblong, though small, body which extended upwards and to the left. This mass was, as it were, capped by a rounded enlargement about the size of a lemon. Notwithstanding my inability to pass the sound in this oblong body, I was of the opinion that it was the smaller horn of a bicornate uterus and that the round mass attached to its upper end was an enlarged ovary. The opinion was verified by an operation. The left horn and its ovary was removed and the right was curetted. I believe the pain and profuse menstruation were results of the secondary changes. By secondary changes, I mean the disease condition

*Report made to Medical and Surgical Society of Montgomery County.

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of the ovary and the fungous endometritis found in the uterine horn, that was curetted, and that probably existed in the one removed. These changes, resembling closely inflamation if not a true inflamatory process, could, in my opinion, be brought about by a set of organs defective in their growth having a function exacted of them which they were illy prepared to discharge, such as was true in this case.

A bicornate uterus is a reversion to the uterus of some of the lower animals, and, though it is frequently defective, it is not necessarily so. I mean by this that a uterus may be bicornate or otherwise malformed and at the same time be well developed in that malformed state, and capable of discharging normally the functions, of pregnancy and menstruation. Malformation applies to shape while defectiveness relates to the power of discharging a duty. Now, if the foregoing is true, the mere presence of a bicornate uterus does not impell operative interference. This being true, it is well for us to review some of the indications for operation in the anomaly under consideration. If the two horns menstruate regularly but at different periods we have a metorrhagia which may be too much of a drain on the general health of the patient, when this is true one of the horns should be removed. If one or both of the horns are poorly developed, and excessive dysmenorrhea is the result, they should be removed in preference to ablation of the ovaries, because, in the former the great nervous disturbances of artificial menapause is not precipitated. Now, if one or both of the horns are very poorly developed, whether menstrual disturbances exist or not, and if the woman is exposed to pregnancy, operative interference is demanded, because if pregnancy takes place in a rudimentary horn rupture of the uterine sac will probably occur, as it does in ectopic gestation and is more serious than the latter, on account of the increase vascularity of the parts. Here I would advise the removal of both of the tubes by making a wedge shape incision in the uterine cornuae, which incisions are afterwards closely stitched up. This closes the avenues of entrance of the ovum to the uterine cavity and prevents pregnancy but does not interfere with ovulation or menstruation. If the cervical openings of one or both of the uterine horns are closed mucus or menstrual fluid may accumulate. When this is true the pent up matter should be liberated through the cervix and a drainage tube inserted. In conclusion, I repeat that the presence of uterine malformation does not necessarily call for operative intervention. In the case reported the excessively free and painful menstruation and the diseased condition of the ovary caused me to advise the operation which has given my patient good relief--she now being in good health with a normal menstrual function.

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DIFFUSE NEPHRITIS, ACUTE AND SUBACUTE, WITH ITS MEDICAL TREATMENT.

By F. G. DuBose, M.D.,

Member of the Medical Association of Alabama, The American Medical Association, The American Electro-Therapeutic Association, The American Association for the Advancement of Science, etc.

This is the most frequent form of kidney inflammation, often overlooked, a common complication of the exanthomatae and acute infectious fevers. I use the term diffuse nephritis for the reason that the primarily parenchymatous, in all severe types of inflammation the framework of the kidney participates in the condition, the degree of involvement usually bearing a direct ratio to the extent of disease of the substance of the organ. The pathology of this condition is a degeneration of the parenchyma, with a cellular infiltration of the stroma, the kidney is swollen and paler than normal, in this last differing from other inflammations where injection and redness are also characteristic.

In the milder cases there is no symptom pathognomonic, a general malaise anorexia, headache, nausea, unusual weakness after exertion, anaemia, slight edema or puffiness under the lids, especially on rising in the morning, though this is frequently absent, sometimes a slight rise in the temperature. The excretion of urine is usually diminished, this diminution is often preceded by an excessive flow for a day or two after the onset. Chemical examination will detect albumen, usually in large amount. Under the microscope casts, blood cells and epithelium will be found. In the severe types a mistake in the diagnosis is less probable, for here are pronounced and prominent symptoms characteristic of kidney inflammation. Beginning usually with a chill, followed by a temperature varying from 101 to 104 fh, pulse normal in rate as a rule, but of increased tension, and as the disease progresses the frequency of the pulse beat will rise with the debility and exhaustion of the patient. Vomiting, dyspnoea, restlessness, stupor, delirium, and convulsions in uraemia complete the picture. There is a diminution in quantity or suppression of the urine which is dark in color, acid reaction and slightly increased specific gravity, and loaded with albumen. In a very short time after the onset edena makes its appearance. Beginning in the face and neck it rapidly spreads over the entire body, and in a few days is the most noticeable symptom. The anaemia is always pronounced in all these cases whether they are mild or severe. The treatment as ordinarily outlined in text books is rest in bed, skin protcted and kept warm, unload the bowels, milk and vichy in large quantities and frequently repeated; this routine to be

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followed till improvement comes, when a more liberal diet is allowed. This being one of the diseases with the so-called tendency to recovery, no medicines are allowed in the popular practice of today unless special symptoms, such as restlessness or sleeplessness, for which chloral of morphine is advised, stupor, delirium or approaching convulsions call for hot pack, and large doses of saline purgatives. Under this treatment if the patient recovers he has followed the natural tendency of those suffering from acute Bright's. If, however, he dies, then we are not informed by these authorities of the tendency, but infer that in these not infrequent consequences we have unfortunately to deal with an unnatural patient in respect to his recuperative ability. The marked anaemia in all these cases to me is indicative of certain therapeutic measures which, though condemned by some (Tyson), have in my hands given results that are worth every one's trial in all cases. The toxemia and decrease in the haemaglobin in the blood in consequence, not alone indicate the elimination of the poisons, but also the fortifying of these vascular oxygen bearers. A glance at the well known action of the Tr. Ferri Chloridi will be sufficient to warrant its use in these conditions in spite of the opinion of the eminent authority named. "Iron augments the amount of urea and increases the frequency of micturition," eliminative in itself. "The Tr. Ferri Chloridi being especially credited with diuretic properties. It has a tonic effect on the nerve centers, but improves nutrition principally by its effect on the circulation While iron has little power of increasing the number of blood corpuscles in health, the power is shown very decidedly in conditions of anaemia and hydraemia, the number of globules being rapidly increased and the hemaglobin of the blood gradually brought up to the healthy standard."--Shoemaker, Mat. Med. and Ther., 1901. A tonic and stimulant, and if reconstructives are not needed here then there is no place for them in the treatment of disease The treatment I have found of greatest use in these cases of nephrit is usually as follows: The patient is put to bed between two blankets, a brisk saline administered, six to eight ounces of the one-tenth of one per cent. salt solution is thrown into the colon every four to six hours for its flushing effect on the bowels and its diuretic effect.

From the commencement of these cases thirty drops of the tincture of the chloride of iron is given in a half a glass of water to which is added one heaping teaspoonful of alkalithia, drunk just as effervescence ceases. This dose is repeated three times in every twenty-four hours. The alkalithia is an important addition, for it lessens the irritant ceffct of the iron on the stomach, and is one of the very best nonstimulating or refrigerant diuretics at our disposal. If the fever goes

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high I give half an ounce of the spirits of mindererus and thirty drops of aromatic spirits of ammonia in two ounces of water at one draught every two hours till the temperature is lowered. Milk with vichy or seltzer or lime water, in as large quantities as the stomach will stand, and as frequently as can be tolerated, forms the diet. Egg albumen is allowed ad libitum. The skin is stimulated with hot packs, pain in the loins relieved by hot applications or by dry cupping, and restlessness controlled by hypodermics of codein. phos. grain 1-4 to 1-2 repeated as often as required. The effect of the hot pack can be greatly increased by administering hypodermically pilocarpin hydrochlor. gr. 1-16 after the patient's beginning to prespire in the pack. if the precaution of inducing a mild preparation before the pilocarpine is given bronchorrhoea will not occur, and the perspiration will be profuse. I have made it a rule to examine all patients' urine who are either severely sick or who have a disease the diagnosis of which is difficult, or when in doubt. Any one who follows this rule will be surprised at the frequency of the acute nephritis, and gratified at the result of the treatment outlined above. In the Bright's disease of pregnancy, in all secondary nephrites from the infectious and exanthematous diseases, the iron and alkalithia is indicated.

THE ABUSE OF THE CURETTE.

Dr. V. P. Valentine, Professor of Diseases of Women in the Dallas University presents in the April issue of the Texas News a most able and instructive article under the above caption. Among the many excellent suggestions he says, "Three very important pus-producing germs are frequently introduced into the genital tract: staphylococcus, streptococcus and gonococcus. Of these, the last being the least virulent and the first the one containing the greatest danger, as long as a simple sapraerda exists, that is, as long as putrefactive action is contained within an envelope and has not yet invaded the living cells, it may be possible to get it without breaking down the breastworks or fortifications that nature has thrown up. It is demonstrable that as soon as nature has any cause to fear an invasion by the foe, she calls out her standing army; the leucocites begin preparing for war; they close up the fimbriated ends of the tubes, lymph is thrown out, plastic material is formed and nature rallies all her forces to repel the invaders. Now we go in with the curette and tear away these fortifications, and the hordes of bacteria overrun nature with their countless millions, so that we have, instead of a mere intoxication, an invasion of living tissue, and every current of the body, both lymph and blood, running

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bank full of pus-producing micro-organisms with their toxins, and general sepsis is the result."

In these conditions he points out that medication is intended to destroy the germ and not facilitate the migration by curetting. He also states "Rather than curette in cases of doubt it is infinitely better to employ medication."

Experience and clinical investigation has demonstrated that in cases of inflammation due to the presence of one or more of these pus-producing germs, Micajah's Medicated Uterine Wafers act most satisfactorily.

The pronounced antiseptic and bacteriacidal properties of this remedy should influence its use in cases where a curette might seem called for, and as a medication it meets all of the requirements as suggested in the conditions mentioned by Prof. Valentine where a local application is indicated.

A POWERFUL DIURETIC.

Although the materia medica abounds in drugs having a diuretic action, but a few of them can be considered pure diuretics, the majority producing their effect in an indirect manner. Among the pure duretics theobromine has been extensively employed in late years in the form of the salicylate. This preparation, however, is not free from irritating effect upon the gastro-intestinal tract, owing to the contained salicylic acid, and for this reason Dr. Impens, of Brussels, after considerable experimentation, succeeded in producing a double salt of theobromine sodium, and acetate of sodium, to which the name agurin has been given. This preparation has been made the subject of extensive clinical studies in the clinics of Professors von Litten, of Berlin, Destree, of Brussels, Buchwald, of Breslau, and von Ziemssen, if Munich. The results of these tests have shown that in the dropsy of cardiac disease, agurin is a prompt and reliable diuretic, free from any irritating effects upon the digestive organs or kidneys, while in some cases of ascites due to cirrhosis of the liver and in cases of edema from chronic interstitial nephritis, without marked destruction of the renal epithelium, the drug acted efficiently. The diuretic value of agurin is further confirmed by some conclusions presented by Dr. A. C. Barnes (Medical Record, May 24, 1902), in a discussion before the American Therapeutic Society according to which the acetates form double salts with theobromine which are soluble and are powerful diuretics, of which agurin is a type.

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Selected Articles.

SEPTIC INFECTION, OR TRUE SEPTICEMIA AND ITS TREATMENT.

By H. Dixon Capers, M.D.,

AUBURN, ALA.

From a close study we conclude that Septicemia is a specific disease, caused by micro-organisms which multiply in the blood to such an extent that a minute trace of these microbes can communicate the disease by inoculation. Prof. Gould, of Philadelphia, makes, in my opinion, a clever distinction between Septicemia and Pyemia, one that observation approves. Pyemia is undoubtedly septic poisoning, but it is accompanied by the formation of secondary or embolic abscesses; presenting themselves in different organs of the body so that we may state that Pyemia, is a form of Septicemia, but all septic poisoning is not necessarily Pyemia, or even Pyemic in character. The fact that certain injuries and surgical operations upon the body were followed by the development of abscesses in some organs of the body was remarked upon by surgeons as far back as the day of Ambrose Pare, who makes special mention of their occurrence under certain climatic conditions. Pigrai tells us that during one particular year he observed that nearly every one to whom he was called suffering with wounds of the scalp or head died of suppuration of the liver. Subsequently Morgani Andonille, Klein, Hennen, Baron, Larrey and other military surgeons confirmed this observation of Pigrai, but it was not until the great Velpeau brought his scientific skill and research to the investigation of the phenomena of these septic conditions that the etiology, the pathology and the treatment of Septicemic diseases was clearly pointed out. The term Pyemia is in reality a corruption of the word Pyohemia, first applied to septic conditions by Piorry, and is synonymous with the ichorhemia of later pathologists. While upon this branch of my subject it may be well for me to make a distinction between septicemia and sapremia, the latter term being used to designate only the poisoning incident to the introduction into the blood of the chemical products of putrefaction, and termed by some authors septic intoxication. In this article I propose to treat generally of those septic conditions which are the results of an introduction into the blood of some poisoning matter whether it be from the absorption of pus, and is properly pyemia, or whether from the absorption of the chemical products of putrescent matter, or whether it be the poison of a vitiated condition of the blood

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from disease or the virus of an insect or of a serpent. I wish to embrace the entire subject with the terms septic infections.

First, of the causes of septic infections. These may arise, as above stated from the introduction into the blood of micro-organisms which multiply with amazing growth and always indicate their presence by distinct and characteristic symptoms. Generally these symptoms are ushered in by a severe rigor coming on suddenly; this rigor is followed generally with fever, increasing rapidly in violence, the temperature often rising to 105 F. from 12 to 24 hours. Fever, however, we must bear in mind, does not always appear as a symptom of septic infection, high authorities assure us of this, but as far as my observations have been made fever is uniformly present in some degree in all cases of poisoning from the absorption of pus or of any putrescent matter into the blood. Usually the period of incubation is short, from eight to twelve hours in acute cases with the symptoms steadily increasing in severity. Septic infection has been known to supervene upon Erysipelas, Carbuncles, Small-pox, Scarlet Fever, and Typhoid Fever. It frequently follows upon wounds that have been badly treated, especially among those belonging to a scrofulous or scorbutic diathesis. I have seen it follow upon Pneumonia when the patient did not expectorate freely and in several instances have noticed marked indications of its presence in Perotineal inflamations and in two cases where there had been neglect in caring for the mother after child birth. As far as my observations extend no period of life is entirely exempt from the possibility of septic infection. Generally those who live in crowded cities are more liable to the infection than those who enjoy the pure air and healthful environments of a well kept country home. It has been met with in children at the breast while on the other hand it appears occasionally among persons of a very advanced age. The young and the robust are by no means exempt. On the contrary I have noticed, as other physicians doubtless have, that those who are apparently in the most perfect health are very liable to septic infections, especially after sustaining a severe shock as in a railway collision or other accident attended with great loss of blood. The diagnosis of septic infection is not difficult to be made by one who is at all careful and observing. This is especially so in traumatic septicemia; the symptoms being much more uniform and decided than in the idiopathic varieties of the disease. The icterode and shrunken state of the features, excessive restlessness, and rapid supervention of typhoid symptoms, great pains in the joints and limbs, in fact all over the body, rapid abduction of fat. leaving the body in an emaciated condition, are such marked features of the disease once observed are not readily forgotten by an indulgent physician. Heretofore the prognosis of septic infections has been con-

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sidered to be very unfavorable. Indeed some of our late authorities, notably Dr. Hamilton, of Chicago, in his work on Surgery, considers that the disease is so uniformly fatal that "treatment is of little use." This has not been my observation or my experience of late, although it was decidedly so when I first came into the practice of medicine, some forty-five years ago. I now consider that if the physician reaches his patient in time he may prevent the absorption of the poisoning matter entirely by the use of proper precautions and if called soon after the symptoms of septic infection are made manifest he can neutralize the effect of the poison by the use of remedies of recent discovery promptly and with certainty. He must, however, be in time and apply the remedy without a moment's hesitation. Recent reports from New York Hospitals, notably Bellevue, show a largely diminished mortality owing to improved methods of treatment.

Treatment.—It is no wonder to me that under the old system of treatment in vogue as late as the time of Dr. Gross, of Philadelphia, that the per cent. of cases cured was so very small as to cause the impression to prevail among physicians that septic poisoning was incurable and the prelude to certain death. The study of Bacteriology was then comparatively in a primary school of inital investigation and confined to undemonstrated theories. The application of caustics to a suffering wound or to an abscess, the free use of quinine, strong stimulation with alcohol, ammonia or ether, to keep up the heart's action, was the general method of treatment. The knowledge of the action of antipurulents was in that elemental period of medical knowledge limited to such general alteratives as Mercury, the iodides and to chlorinate of soda used as a detergent lotion. Happily for the profession of medicine, our materia medicas have received most valuable additions to their list of remedial agents, by the discovery of the medicinal virtues resident in the active properties of certain plants in earlier years but little known and unused because their value was undemonstrated. The chemist and the pharmacist of this day has become a real blessing to humanity as they are indispensable to the practicing physician in that through their remarkable skill the active properties of certain combinations of medicinal agents have been discovered and presented in an agreeable form to the great benefit of the sufferer and to the relief of the attending and anxious physician. As a most valuable addition to our pharmacopeoia I desire in this connection to call the special attention of the profession to a preparation from the laboratory of Messrs. Battle & Co., manufacturing chemists of St. Louis, Mo., to which they have appropriately given the name of

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Ecthol, and in this paper to report cases of septic infection in which I have used it with unvarying good results. The active properties of Ecthol are taken from echinacea and from thuja. After more than three years of careful use and close observation I have found this preparation to be in its physiological effects just as stated by Battle & Co. It is "neither alterative nor is it antiseptic in the sense in which these terms are usually understood but it is antipurulent and antimorbific, a corrector of a depraved condition of the fluids and tissues." I confess to having had decided prejudices against the use of patent medicines, and in general still have convictions that some of the much flaunted remedies, largely advertised with catchy display of double letters, are impositions and at best but nostrums compounded by some speculator on the credulity of a sufferer. I have not found this to be the case with the preparations sent out by such respectable chemists as Battle & Co., Park, Davis & Co., and other worthy manufacturing chemists in the United States. Technically, echinacea is known to the botanist as echinacea augustifola, and is indigenous in the central Western States. Its therapeutic virtue consists in its being an alterative of unquestionable merit. Thuja, we know to be the common arbor vitae, tree of life, and called such in the early history of therapeutics because of its recognized medicinal properties. Messrs. Battle & Co. have combined the virtues of these plants, by abstracting their active principles and uniting them into the active and effiicent antipurulent known as Ecthol. Permit me in conclusion to present a few of many cases in which I have used Ecthol in the treatment of septic infection with the most satisfactory results

Mr. E., of Hall county, Ga., consulted me for relief from what had been diagnosed as erysipelas of the leg. Patient 65 years of age, small of stature and of a cachectic diathesis. The apparent erysipelatous condition of his leg I regarded as but a symptom and upon careful examination found that he had an abscess tumor in the right axillary space, which was of recent formation; that his habits of life had been irregular, being those of a sporting man, who had at one time contracted a severe case of gonorrhoea, for which he had been badly treated. The next day after he called to consult me I was summoned to his house and found him with some fever which followed a severe rigor. I at once recognized the symptoms of septic infection and proceeded without delay to open the abscess and to place him upon iodide of potash with iron and wine, but with no satisfactory result. At the end of one week I abandoned the iodides and commenced the use of ecthol in two drachm doses, regulating his diet, and continuing the use of wine and iron. In one week there was the most decided

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change in his whole condition. Appetite improved, skin cleared up. Abscess ceased all discharge, the erysipelatous swelling entirely disappeared, and with local treatment, his gonorrhoea was cured. The patient was discharged on the eighth day a well man. It has been over two years since his discharge, during which time I have received letters from him expressing his gratitude for the perfect recovery of his health.

Cases 2 and 3. Emilee and Margaret, children of Mr. W., ages 12 and 14 years. Found them in bed with marked symptoms of malignant scarlet fever. In both of these children there was ulceration of the vulva and in one an abscess formed on the upper and inner arm near the axilary space. This abscess was opened, discharged a quantity of very offensive pus. I noticed in both children marked indications of septic infection. Both cases were treated with Ecthol and regulating the action of bowels with saline cathartics and opiates as indicated. Both of these children recovered in good time and are now in excellent health. I am convinced from my observations in numerous cases that the micro-organisms of scarlatina maligna and of typhoid fever cause septic poisoning as certainly as will the absorption of pus or the introduction into the circulation of the chemical products of decomposing matter. Just here let me state that I have found ecthol to be a most valuable prophylactic when administered internally in small doses. I have so given it to children who were exposed to the contagion of scarlet fever with the result that those who took the disease had it in the mildest form, and many escaped entirely, although in the same house with others who were taken with severe cases of the disease before I was made aware of their illness. In the treatment of typhoid fever, as with malignant or other forms of scarlet fever, I regard it a most potential agent; especially in those forms of these two diseases where there is an evident septic infection from the absorption of purulent matter.

Case 4. Mr. J. L. W., injured severely in railroad collision. Found him with compound fracture of humerous. Age 34, of full habit, strong and robust. Short while after the wound in the muscle began to suppurate he was taken suddenly with a severe rigor, followed by high fever, temperature going up to 105. He presented all the symptoms of Pyemia or septic infection. As soon as I could do so I administered large doses (2 1-2 drachms) of ecthol, repeating every two hours until satisfied he was fully under the influence of the medicine, then reduced the dose to one drachm every 3 hours. Kept the wound well cleansed and bathed it every 3 or 4 hours with ecthol, to which was added a small per cent of chloride of soda. The patient recovered with-

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out any trouble and without any of the secondary effects of pyemia. He is now in good health and at work in the Railroad's employ.

Case 5. Mrs. W. C. B., Primipara. Severe labor, protracted for hours before delivery. I was called in consultation on the third day after the birth of the child. Found patient with puerperal fever, ensuing upon a severe rigor Temperature 103, hectic flush on cheeks, at times delirious. Made at once careful examination of vagina and uterus and found a quantity of decomposed blood clots. Secretions very offensive. At once washed out uterus thoroughly with mild solution of acetic acid in warm water and administered ecthol in 2 dr. doses, used general antiplogstic applications and treatment. Patient made a rapid recovery and had no sequences of septic poisoning. There are other cases I might report in which I have used ecthol as an antipurulent with marked success, but deem these sufficient. Before concluding this paper, allow me to state that I have found great good results from anticipating an evil and whenever I have had a good reason for believing that there was any danger from septic infection I do not wait for the dovelopment of the symptoms but give small doses of ecthol, with the view of warding off the attack and have done so repeatedly and invariably with as much success as I have avoided the chill of an intermittent fever with the use of quinine.

A CONTRIBUTION TO THE THERAPEUTICS OF ANAEMIC CONDITIONS.

By Dr. HERMANN METALL, M.D.,

Assistant Physician to the General Polyclinic, Vienna.

(Translated from the German).

In the medicinal treatment of the various forms of anaemia, whether it be essential chlorosis or the socalled secondary forms arising from severe loss of blood and various diseases (tuberculosis, cancer, etc.), iron has always occupied the most prominent place. In the management of chlorosis, especially, the chief object is the administration of an adequate quantity of iron, since upon this depends the success of all treatment. As to the manner in which iron acts in anaemic conditions, that is a secondary matter. Whatever be its mode of action, it remains an empirical remedy and yet one of incontestable value.

According to the unanimous opinion of many authors the effect of iron in chlorosis cannot be replaced by alimentation. Reinert, Klein, Immermann, Ensli, and others have shown that typical chlorosis cannot be cured in any other way, even by forced feeding. Some of them have made a series of very careful experiments for this purpose, and

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reached the remarkable result that during superalimentation, extending even over a number of weeks, the quantity of haemoglobin in the blood increased scarcely a few per cent., and remained permanently at this level. That this is actually so we daily convince ourselves in cases of chlorosis in girls of the better classes. These girls, if placed on a full diet, accumulate more fat, while the chlorosis remains practically unaffected—it requires iron. The dietary therefore plays a subordinary part in the therapy of chlorosis (Klein), and is to be regarded as an important adjunct to the treatment.

I will now devote a few words to manganese, which is employed in combination with iron in some ferruginous preparations for the treatment of anaemia. Hannon already directed attention to this metal, which is a constituent of healthy blood, and which besides iron has an important bearing on the absorption of oxygen by the blood. In fact, experiments have shown that anaemic conditions are most successfully treated with iron in connection with manganese. Chalybeate medication is materially aided and promoted by the addition of manganese. Efforts have therefore been made to introduce combinations of iron and manganese into therapeutics.

After laborious attempts, Dr. Gude, chemist, succeeded in producing such an iron-manganese preparation, which is easily absorbed by the entire intestinal tract, evokes no concomitant effects, and, as is illustrated in the following histories of cases, has proved an excellent remedy for the formation of blood. The preparation referred to is Pepto Mangan (Gude). It contains iron and manganese in an organic combination with peptone, and is a clear fluid, resembling dark red wine, of an agreeable, non-metallic, non-astringent taste.

The advantage of this preparation is that it exerts a stimulating effect upon the blood-forming organs, these being excited to greater functional activity, and that the favorable effect manifests itself even within a short time by an increased oxygenation of the blood. At the same time, this chalybeate, as already mentioned, causes no digestive disturbances and does not injure the teeth.

In regard to the daily dose of iron, Quincke maintains that it should range from 3-4 to 1 1-2 grains of Fe. Most clinicians prescribe commonly 4 grains, which considerably exceeds the maximum dose recommended by Quincke. Some of them, like Niemayer and Trousseau, give even 7 grains of metallic iron daily; hence Pepto-Mangan (Gude) should be prescribed in doses of one tablespoonful

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three times a daily for adults, and one teaspoonful twice daily for children up to twelve years, after meals. Sour, fatty foods and red wine should be avoided during its administration. The preparatiou is much relished by all patients, and it is my custom to administer it to children in water, or, better, in cold milk with the addition of sugar, in which form it is very palatable.

After this brief introduction I will describe a number of cases which have been treated by me with Pepto-Mangan:

Case I.—Mary B., 16 years old, has complained since a week of general debility and lassitude She is very pale and restless, has no appetite, and suffers from headache and a feeling of pressure in the stomach. She is constipated, and the menses are irregular. Diagnosis, chlorosis.

Date	Red Blood Cells in Cubic Millimetre.	Hæmoglobin per cent	Bodily Weight	Therapy
August 2 . .	2,480,000	20	49.2	Pepto-Mangan [Gude], one tablespoonful three times daily
August 9 . .	3,212,000	25	50.	
August 16 . .	4,020,000 .	30	50.5	
August 24 . .	4,300,000	40	51.3	
September 2 .	5,000,000	50	53.4	

After a week, the appetite was good, no headache; at the end of the second week no further disturbances; menses not painful, and lasting only three days (formerly five days). After four weeks, the patient discharged cured.

CaseII.—Anna H., 23 years old, has suffered for three years from chlorosis, with irregular menstruation, palpitation of the heart, a feeling of weakness, and occasional syncope. Physical examination showed the presence of anaemic murmurs over the heart, as well as a venous murmur; no fever or oedema.

Date	Red Blood Cells in Cubic Millimetre	Hæmoglobin per cent	Bodily Weight	Therapy
August 4 . .	3,750,000	35	55.5	Pepto-Mangan [Gude], one tablespoonful three times daily
August 29 . .	4,010,000	60	57.8	
September 14 .	4,200,000	70	59.	

Appearance of menses after absence of 12 weeks; subjective disturbances have disappeared.

Case III.—M. W., 16 years old, has suffered since a year from headaches, dyspnœa, tinnitus aurium, vertigo and gastric disturbances. There was marked pallor of the face and of the mucous membranes;

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systolic murmurs over the mitral and pulmonary valves, with dilatation of the heart. No fever; spleen not palpable. Diagnosis, severe chlorsis.

Date.	Red Blood Cells in Cubic Millimetre.	Hæmoglobin per cent	Bodily Weight	Therapy
August 5 . .	2,250,000	25	52.5	Pepto-Mangan [Gude], one tablespoonful three times daily
August 13 . .	3,200,000	30	53.5	
August 16 . .	3,350,000	35	55.5	
August 23 . .	3,530,000	40	56.5	
September 1 .	4,250,000	45	58.	

The subjective symptoms rapidly subsided, the appetite improved, and the stools became regular. The mensus reappeared in the second week of treatment after having been absent for a year.

Case IV.—M. P., 15 years old. Menses absent since one-half year; always scanty. Vicarious haemorrhages from the nose. Since three months the patient has suffered from dyspnoea, vomiting, cardiac palpitation, general weakness, headaches, feeling of dulness and sleeplessness. Physical examination reveals anaemic murmurs, moderate dilatation of the heart, venous murmur.

Date	Red Blood Cells in Cubic Millimetre.	Hæmoglobin per cent	Bodily Weight	Therapy
August 5 . .	2,400,000	20	47.	Pepto-Mangan [Gude], one tablespoonful three times daily
August 10 . .	3,600,000	25	47.5	
August 16 . .	3,850,000	30	48.5	
August 21 . .	4,250,000	35	49.0	
August 31 . .	4,700,000	40	49.7	
September 7 .	5,000,000	45	52.	
September 14 .	5,200,000	50	53.	

After the first week improvement set in; at the end of the treatment disappearance of all disturbances. Increase of bodily weight, 12 pounds.

Case V.—J. K., 18 years old. Chlorosis. Anaemic murmurs, cardiac dilatation, loss of appetite, insomnia, general lassitude, and headache.

Date	Red Blood Cells in Cubic Millimetre.	Hæmoglobin per cent	Bodily Weight	Therapy
August 10 . .	2,200,000	35	52.	Pepto-Mangan [Gude], one tablespoonful three times daily
August 24 . .	3,000,000	45	55.	
September 12 .	3,300,000	60	57.	

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At the end of first week appetite vigorous; headaches had subsided. At the end of the fourth week no disturbances of any kind.

Case VI.—A. N., 19 years old, has suffered from chlorotic disorders since two years. Improvement occurred under milk diet and a sojourn in the country. Since five months the patient again complains of disturbances: palpitation; anaemic murmurs and venous hum perceptible.

Date	Red Blood Cells in Cubic Millimetre.	Hæmoglobin per cent	Bodily Weight	Therapy
August 17 . .	4,500,000	25	53.5	Pepto-Mangan [Gude], one tablespoonful three times daily
August 25 . .	4,100,000	30	54.	
August 31 . .	4,000,000	35	54.5	
September 7 .	3,950,000	40	56.	
September 22 .	4,200,000	45	57.5	

The subjective symptoms diminished after a few days. The disturbances disappeared, the appetite improved, and the stools became regular.

Case VII.—J. R., 20 years old, has suffered frim chlorosis since two years. Status praesens: General lassitude, palpitation of the heart, a feeling of pressure in the stomach, difficulty in breathing; menses irregular as well as dysmenorrhoea. In the last three months all the disturbances have become more intense.

Date	Red Blood Cells in Cubic Millimetre.	Hæmoglobin per cent	Bodily Weight	Therapy
August 22 . .	4,250,000	30	52.	Pepto-Mangan [Gude], one tablespoonful three times daily
August 26 . .	4,350,000	35	52.5	
September 5 .	5,420.000	40	53.5	
September 12 .	5,300,000	50	54.	
September 18 .	5.350,000	55	54.5	
September 27 .	5,300,000	60	55.5	

The disorders have disappeared, the appetite is good, and the bowels regular; no anaemic heart murmurs.

Case VIII.—L. N., 19 years old, complains of headaches, cardiac palpitation, vertigo; scanty menses.

Date	Red Blood Cells in Cubic Millimetre.	Hæmoglobin per cent	Bodily Weight	Therapy
August 28 . .	2,500,000	40	54.	Pepto-Mangan [Gude], one tablespoonful three times daily
September 13 .	3,750,000	55	55 5	
October 1 . .	4.300,000	70	57.	

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The subjective disorders have vanished; menses more abundant.

Case IX.—J. M., 16 years old, has suffered since two months from palpitation of the heart, dyspnoea, feeling of pressure in the stomach, vertigo, tinnitus, and headaches. There is a slight cardiac palpitation, with systolic murmurs and a venous hum. Anorexia and constipation are present. The menses have been irregular since a year.

Date	Red Blood Cells in Cubic Millimetre.	Hæmoglobin per cent	Bodily Weight	Therapy
September 2 .	4,500,000	35	50.	Pepto-Mangan [Gude], one tablespoonful three times daily
September 11 .	4,750,000	40	50.5	
September 20 .	4,850,000	50	51.	
September 29 .	4,950,000	55	52.	

Mensus regular; bowels normal; no disturbances.

Case X.—Z. F., 30 years old, had a miscarriage two weeks previously, with profuse haemorrhage. After a month's treatment completely restored to health, and an increase of weight of four pounds.

Case XI.—A. N., six years old; rachitis and anaemia. Under treatment an increase of weight of two-thirds of a pound. Much better appearance.

Case XII.—J. W., 30 years old. Pulmonary tuberculosis and anaemia. After two weeks' administration of Pepto-Mangan (Gude), an increase in weight of two pounds and an increase in haemoglobin of fifteen per cent.

Case XIII.—K. L., 50 years old. Cancer of the stomach, cachexia, and anaemia. During three weeks' use of Pepto-Mangan (Gude) the patient felt better, the appetite had improved, and there was an increase of weight of two-thirds of a pound.

Case XIV.—A. B., 14 years old. Chlorosis; haemoglobin 40 per cent. After two weeks' treatment, haemoglobin 85 per cent.; disappearance of all disturbances.

Case XV.—F. K., 13 years old. Chlorosis; haemoglobin 35 per cent; after two weeks' treatment 50 per cent.

Case XVI.—E. J., 5 years old. Anaemia following scarlatina. After eight days' treatment with Pepto-Mangan (Gude) the patient developed a vigorous appetite, and recovered so rapidly that he could be discharged cured at the end of the second week.

Altogether, twenty-three cases of anaemia were treated with Pepto-Mangan (Gude), of which twelve showed a normal haemoglobin per cent. of the blood after fourteen days, five after three weeks, and five after a month. On the other hand, one of the patients who had heredi-

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tary trouble (her father having suffered from pulmonary disease) was discharged only improved, the blood after two months' treatment with Pepto-Mangan (Gude), showing only an increase of haemoglobin to 75 per cent. This was probably a case of tuberculosis which simulated an obstinate or severe chlorosis at its beginning.

Furthermore, two cases of acute anaemia after profuse haemorrhages were treated with Pepto-Mangan (Gude). A favorable result was obtained as early as the end of the first week. In one instance the patient felt so well that only the fear of further haemorrhage constrained him to stay in bed for another week. In the case of three women who had miscarried during the early months of pregnancy, and were making a very slow recovery from the resulting anaemia, I was able to obtain a complete recovery after four weeks' administration of Pepto-Mangan (Gude). In six other instances of weakness and anaemia following acute and chronic disease (tuberculosis, carcinoma, scarlet fever, etc.), a disappearance of the feeling of weakness and a considerable improvement of the general health could be observed in every instance.

The histories cited above will afford conclusive evidence of the high therapeutic value of Pepto-Mangan (Gude). Unpleasant concomitant effects and disagreeable sequelae were never observed during the use of the remedy. Eructations, pressure in the stomach, and nausea were never noticed.

In conclusion I would say that Pepto-Mangan (Gude) is a valuable and reliable blood-building remedy, which can be recommended for general use in appropriate cases.

PRURITUS VULVAE.

Pruritus Vulvae may be due to a variety of causes, both of local and constitutional origin. Probably the most common is a vaginitis or vulvitis, giving rise to irritation of the nerve filaments, which are laid bare by the desquamation of the epithelium over the inflamed area. In this form of pruritus, the immediate indication in treatment is to reduce the discharge, which is the primary cause of the distressing itching, and to render it as unirritating as possible by preventing its decomposition. This can be readily done by the use of the Micajah Medicated Uterine Wafer, which is at the same time astringent, antiseptic and alterative At the beginning it will be best to dissolve a wafer in about a pint of water and use it as an injection. Later, as the irritation subsides, the wafer itself may be inserted every third day. It is always advisable to precede its use by a copious injection of hot water.

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Editorial.

JNO. C. LeGRANDE, M. D.,..... Editor and Prop.

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The Proposed New Code.

At the last meeting of the Jefferson County Medical Society held Monday evening, July 14, the subject for discussion was the proposed new Code of Ethics, recently submitted by Dr. Harris, of New York. The reading of this paper elicited quite a lengthy and interesting discussion. Incidentally, the question of contract practice was brought in, while no part of the subject matter brought out in the paper by the essayist. It was stated by the essayist that in his opinion not one in fifty physicians who were in active practice had ever read the Code of Ethics, and judging from the discussion on this occasion, the correctness of the statement clearly demonstrated that a more thorough knowledge of the Code of Ethics would be helpful to the medical profession throughout the country, and would be the means of a better

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understanding and a higher appreciation of the Code if the document was more frequently read.

The question of contract practice incidentally brought into the discussion is of vital importance, especially to physicians in certain localities in the State of Alabama, and perhaps there is no community where this question is of greater importance than it is to the doctors of the Birmingham district.

We have taken the position that all contract practice is contrary to the spirit and letter of the Code, and works untold injury to the individual who engages in the practice as well as to the medical profession and medical public. Many of our prominent physicians have secured and are today engaged in doing what they state is a lucrative contract practice, but there are very few who will undertake to say that it is productive of good to the individual physician who is engaged in the work, or to the medical profession.

We have stated it before, we state it now, and believe it to be our duty as a journalist to reaffirm that all contract practice is contrary to the true, the highest and best interest of the medical profession.

In taking a contract to practice for any company is a violation of the very spirit that actuates, and has controlled for more than two hundred years in the medical profession.

We do not hesitate to say that there are but two reasons which can be legitimately set forth to justify any honorable man in securing a contract One is that many of the poor who are engaged to work for the numerous companies in the iron districts might suffer for medical attention were it not for the fact that there are men in the profession who are willing to hire themselves for a stipulated sum to practice for these companies.

The next is as stated by those who have been in the contract work, the money they secure by virtue of these contracts. Arguing this as we see it in the interest of the medical profession, and losing sight of the individual interest of our friends who may be engaged in the work, we cannot reach any other conclusion than that the effect of the present day contract is pernicious, and is leading to methods and practices which cannot and will not be endorsed by the medical profession in this country.

To substantiate the position which we have taken in discussing this question, there can be no better or stronger argument produced than to say that after investigation and inquiry made of those who have been engaged in this work, there are but few exceptions who fail to agree that contract business is unsatisfactory and degrading to the profession.

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We do not discuss this question to condemn or ridicule or question the motives of those engaged in it, but we warn young men in this time of modern advancement and higher medical education, and when there seems to be a desire on the part of the leading educational institutions of the country and of the prominent men of the profession to elevate and maintain a higher ethical standard to avoid as far as possible the questionable inducements which seem to be held out to them to take contract practice in order that they may secure a livelihood with which to start them in their professional career. We have yet to find the man to tell us that he expects to continue the contract practice after he is able to secure a location which offers reasonable assurance of a fair competency.

The Charlatan.

The question has been asked by one of the prominent physicians of our community. "How can the medical profession inform the public with reference to the charlatan and quack?" This is a difficult problem to solve, and the best method of disposing of it is not quite clear to us; but in order that we may answer the inquiry and give some opinion with reference to the very perplexing question, we undertake to make the following suggestions:

It is a fact that many of the most intelligent citizens, people who are refined, cultured and financially able to pay for honest and intelligent medical services, are found among those who give their endorsement and support to the lowest forms of quackery, and it is this class the medical profession must enlighten before they will ever be able to impress the public with the evils of this unscrupulous class of medical pretenders.

If the medical profession would stand together, be sincere, be honest and agreed upon methods, it would not be long before the intelligent public would appreciate the honesty of our purpose and the viciousness of the persons engaged in questionable methods in order to secure practice; but so long as many of our prominent physicians excuse themselves from the active interest in assisting in building up a sentiment against these quacks, just so long will the profession suffer and the people be imposed upon. It is a distressing condition, nevertheless true, that there are too many physicians who by virtue of the fact that they are respected and supported by the great body of the medical profession, on account of their ability as surgeons and specialists, who when this question of maintaining the best interest of the medical profession is up for discussion, or when it is important to make an impress on the public, they are mum as an oyster, and endeavor to dig-

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nify their personality by ignoring the whole question, and by actions, if not by word, leave the discussion of these problems to their colleagues.

Another point to which we are impelled to call attention is that some of our most distinguished specialists are found who give assistance, in the way of consultation, and operating for and at the request of some of the meanest and most flagrant outspoken quacks. To say that the general practitioner who knows these facts and hold responsible the specialists who are guilty of such methods is but stating what we believe to be true.

To conclude the whole subject, if every regular physician in the State of Alabama and in these United States will manfully stand by and assist in protecting and maintaining what they know to be right, even though it requires a personal sacrifice, the time will soon come when the public will appreciate the medical profession, and the days of the quack and the charlatan will be numbered.

Osteopaths Must Stand Examination.

We publish in this issue of the Journal the decision handed down by the Supreme Court of Alabama, which is a very important case with reference to Osteopathy. Commenting upon this decision, the Journal the American Medical Association says:

"By a decision of the Supreme Court rendered June 28, in the case of Eugene Bragg vs. the State of Alabama, the decision of the lower court was affirmed. The decision affects several hundred men throughout the State, and will have the virtual effect of driving them from the State. Osteopaths are thus held to be practitioners of medicine, and must stand the examination as required by the laws of the State of Alabama for all persons entering the practice of medicine. This is another victory for the medical laws of Alabama and for the physicians who have labored for a higher medical education and reasonable qualifications to enter on the practice of medicine."

A "Busy Doctor."

We submit the following from the Journal of the American Medical Association without comment:

"One of the peculiar things in our profession is the fact that we have two classes of busy doctors. One is represented by a class of men who have made a name for themselves; men who stand on the top rung of the ladder and have reached it by doing hard work, good work in a scientific way, and yet attend to a very large practice. This class of men, as a rule, take our best journals and read them. They have

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sent to them regularly all the new medical books that come out, and evidently they read them. Such men not only carry on a large practice and do a large amount of reading, but they also write excellent articles for publication and read papers before medical societies. This is one class of "busy doctors." There is, however, another class of busy doctors. These men have made for themselves special books that are written for the "busy doctor." These books do not go too deep into the scientific side of the subject, but give only the practical. There are also certain journals that are gotten up for this class of "busy doctors." They are what are called the practical medical journals. These thoughts come to our mind on reading a letter just received from one "busy doctor." It reads as follows: "It (the Journal) comes to me each week, but I have never read a page of it yet, and hardly expect to. I would love to read it, but have no time. I have to use every hour in the day to fill my professional calls, and at night I must sleep, so cannot possibly have time to read. You may discontinue the Journal, as it is of no use to me" If any comment were necessary, we might ask: Is this man faithful to the sacred trust imposed in him by his patients? Is any physician justified in being too busy to keep in touch with the methods and experience of other practitioners in his line of practice? Will it pay him to thus disregard the interest of his patients—to say nothing of the future of his practice?"

PRELIMINARY EDUCATIONAL REQUIREMENTS.

While it is probably only a question of time when the leading medical colleges throughout the United States will make the possession of the degree of bachelor of arts a prerequisite for entrance upon the graded course leading to the degree of doctor of medicine, that time is yet far in the future for many of the medical schools, even of the better class. The university schools will naturally be first to take this step, following the lead of Harvard University and Johns Hopkins. That all of the colleges realize the necessity for a good preliminary education as a foundation for professional training becomes apparent upon a comparison of their present requirements with those exacted, say, five years ago, for the entrance into the leading medical colleges. Almost without exception, the entrance requirements have been rendered more exacting, and at the beginning of each scholastic year we find one or more of the medical colleges raising the standard of entrance requirements.

An editorial article has recently appeared in the Columbia Literary Monthly, the leading undergraduate publication of Columbia University, proposing that the possession of the degree of B. A. be made a prere-

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quisite for admission to the school of medicine. Unfortunately, the editor has seen fit to characterize the greater part of medical students at the College of Physicians and Surgeons as being uncouth and uncultured, and has based his plea for the B. A. requirement largely upon this assumed fact. Dr. James W. MacLane, the dean of the medical school, has characterized this statement as being unjust to the students in that department, who are, he says, a fine body of men. The young editor of the Literary Monthly has probably fallen into the error, pardonable in a very young man, of judging by external appearances only. It is possible that, judged from a sartorial standpoint, the students in the medical school will not compare favorably with those in the literary school, and it is even probable that the medical students are not so well informed in the technicalities of golf and football as their literary fellows are, but in those elements which go to making up earnest, intelligent, and successful pupils we feel confident that the medical students stand higher as a whole than those in the purely literary departments do.

The possession of any specified degree, or even an examination, is at best but a poor makeshift for determining whether or not the applicant is fitted to take up the study of medicine. It is rather certain mental characteristics than mere routine educational training which fit one for such study. The best that can be done with any kind of preliminary requirements is to ascertain whether these characteristics are present or not. But their possession cannot be determined definitely until after the student has taken up the study, and many men who have failed in life through unadvisedly taking up the study of medicine might have been saved this failure had there been a system of mid-term examinations, upon the results of which the student would be either commended in his efforts, corrected in his errors, or possibly candidly warned that he was not fitted for the study of medicine and could not hope to make a success in that profession. Few young men are really competent to judge of their own capacities, and a warning of this kind would frequently be of inestimable advantage to the individual student and at the same time confer a benefit upon medicine by keeping out of the ranks of the medical profession persons not fitted by Nature for the pursuit of this calling.—New York Medical Journal.

PHYSICIAN—Good location; desiring to move to city I offer a splendid location to a physician who will purchase my house and lot; nearest competition 6 miles; fine country; nice people; average cash collection for ten years, $2,242.55 per annum. For particulars address M. D., Sumterville, Ala.

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Miscellaneous Notes.

NEW ORLEANS POLYCLINIC

Now in session fifteenth year. Closes May 31, 1901. Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of med icine and surgery. The specialties are fully taught, including labo ratory work. For further information, address Dr. Isadore Dyer, Secretary, New Orleans Polyclinic, Postoffice box 797, New Orleans, La.

The Tri-State Medical Socie ty of Alabama, Tennessee and Georgia will hold its next meeting in the city of Birmingham, Ala., October 7-10. The indications are that the attendance will be large and many prominent physicians from the three states will read papers.

The following Medical Colle ges are announced in this issue of the Journal. Those are well known schools to the medical profession, and students who expect to attend medical lectures this fall will find that they will make no mistake by selecting some of the schools mentioned in the following list:

Vanderbilt University, Medical Dept., Nashville, Tenn.
Maryland University, Medical Dept., Baltimore, Md
Birmingham Medical College, Birmingham, Ala.
Tulane University, Medical Dept., New Orleans, La.
The University of Nashville, Medical Dept., Nashville, Tenn.
Chattanooga Medical College, Chattanooga, Tenn.
The University of Tennessee, Medical Dept., Nashville, Tenn.
Alabama Medical College, Mob ile, Ala.
The Baltimore Medical Col lege, Baltimore, Md.

THE RIGID OS.

We all know how very trying it is to the physician, to say nothing of the unfortunate patient, who after some hours of suffering from labor pains, finds herself greatly tired and greatly exhausted because of a rigid os.

This condition is so frequently encountered by all obstetricians, and, unless relieved, prolongs labor and depletes the vitality of the patient. In these cases H. Marion Sims, M. D., uses Hayden's Viburnum Compound with good success, and if this eminent practitioner so readily endorses "H. V. C.," we have no hesitancy in freely recommending its use in the above condition.

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I have used Bromidia in cases of insomnia, restlessness and threatened convulsions, with surprising results, finding that a dose of from drops 15 to one drachm to be sufficient according to age and how often to be repeated. I have combined Bromidia and Papine where I wished to annul pain with excessive nervousness, the combination acting very happily also in bladder troubles. I use Bromidia and Papine very much in my family. Chas. E. Quetil, M. D.

Philadelphia, Pa.

The Fourteenth International Congress of Medicine will be held in Madrid, Spain, from April 23 to 30, 1903, under the patronage of their Majesties, the King of Spain and the Queen-Mother.

The President of the Congress is Professor Julian Callajay Sanchez, the General Secretary is Dr. Angel Fernandez-Caro, and the General Treasurer is Professor Jose Gomez Oceana.

The preliminary statement of regulations and program has just been issued, and it announces that members of the Congress will be physicians, pharmacists, dentists, veterinary surgeons, and other persons working at branches of medical science, both Spaniards and foreigners, who have entered their names and paid their subscriptions. Other persons, who possess scientific or professional titles, and who wish to take part in the work of the Congress, may share in it under the above conditions.

The subscription is thirty pesetas, and this sum must be paid before the opening of the Congress to the General Secretary, Faculty of Medicine, Madrid. A card of membership will be sent t othe subscriber.

Until March 20, 1903, subscriptions may be paid to the Secretary of the National Committee of the subscriber, but after that date subscriptions must be paid directly to the General Secretary at Madrid.

Members will receive a summary of the proceedings of the Congress, and a full report of the work of the particular section which they join.

The official languages of the Congress will be Spanish, French, English, German and Italian.

Papers must be sent to the General Secretary before January 1, 1903, to be certain of a place in the order of business. Papers presented later will be considered after the discussion of those regularly announced.

Communications should be accompanied by a short abstract, which will be printed and distributed among the members of the Congress.

J. H. Huddleston, Secretary American Committee,
126 West 85th St., New York City.

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MORPHINISM AND NARCOMANIA.

MORPHINISM AND NARCOMANIA from Opium, Cocain, Ether, Chloral, Chloroform, and other Narcotic Drugs; also the Etiology, Treatment, and Medicolegal Relations. By T. D. Crothers, M.D., Superintendent of Walnut Lodge Hospital, Conn.; Professor of Mental and Nervous Diseases, New York School of Clinical Medicine, etc. Handsome 12mo of 351 pages. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, $2.00, net.

The alarming increase, in the last few years, of morphomania and the associated various narcomanias imperatively demands immediate attention by the medical profession. Every year the increasing prominence of this psychosis calls for more exact studies, with a fuller recognition of the conditions and causes of the disease. Medicolegally, questions of responsibility have been asked with increasing frequency, and there has been no literature and no study of the subject to afford an intelligent answer until this present volume was initiated.

The special object of this work has been to group the general facts and outline some of the causes and symptoms common to most cases, and to suggest general methods of treatment and prevention. The object could not have been better accomplished. The work gives a general preliminary survey of this new field of psycopathy, and points out the possibilities from a larger and more accurate knowledge, and so indicates degrees of curability at present unknown. The author shows his absolute familiarity with his subject in the clear, concise, and in every way admirable work which he has given to the profession, whom he has placed under merited obligations.

DYSENTERY AND FLATULENCE.

The griping pain and flatulence which accompany stomach and bowel complaints, particularly during the heated term, are so readily overcome and controlled by the timely administration of one or two Antikamnia and Salol Tablets, repeated every two or three hours,

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that it behooves us to call our readers' attention to the grand efficacy of this well known remedy in these conditions The above doses are, of course, those for adults. Children should be given one-fourth tablet for each five years of their age. When the attack is very severe, or when the disturbance is evidenced at or near the time of the menstrual period, we find it preferable to give two Antikamnia and Codeine Tablets, alternately with the Antikamnia and Salol Tablets. The latter tablets promptly arrest excessive fermentation and have a pronounced sedative effect on the mucous membranes of the bowels and stomach, and will check the various diarrhoeas without any untoward effect.

By E. P. Morgan, M.D., Fall Branch, Tenn.

I consider S. H. Kennedy's Extract of Pinus Canadensis invaluable. I was called to see Mrs. L., aged 42 years. She was having profuse pulmonary hemorrhage. Blood was coming by mouthfuls every few minutes. I immediately put her on the following treatment:

℞

Pinus Canadensis-Dark℥i
Hot Water℥v.

M. Sig., When cool, teaspoonful every two hours.

By the time three or four doses were taken the hemorrhage had ceased entirely I then lengthened the intervals to four hours and finally to six. At the same time put her on

℞

Syrup Hypophosphites,

Teaspoonful every six hours. She made a good recovery, with no recurrence of hemorrhage up to this time. In a case of eczema of the scalp on a child one year old, the White Extract painted on the entire surface in full strength gave most satisfactory results. I shall continue to prescribe it with confidence.

THE BALTIMORE MEDICAL COLLEGE

Preliminary Fall Course Begins September 1, 1902.
Regular Winter Course Begins September 25, 1902.

Excellent Teaching Facilities; Modern Buildings; Ideal Lecture Hall and Amphitheaters; Large and Completely equipped Laboratories; Capacious Hospitals and dispensary. Lying-in Department for Teaching Clinical Obstetrics; Large Clinics. Send for Catalogue, and address : : : : : : . : : :

DAVID STREETT, M.D., Dean,
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THE ALABAMA
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VOL. 14. AUGUST, 1902. NO. 9

Original Communications.

COMPLICATIONS AND SEQUELLA OF TYPHOID FEVER WITH REPORT OF CASES.*

By IRA J. SELLERS, M.D.,

BIRMINGHAM, ALA.

Member Medical Association State of Alabama, Member American Medical Association, Vice-President of Jefferson County Medical Society, Examiner for Penn Mutual, Fidelity Mutual, Kentucky Mutual Life Insurance Companies, Demonstrator of Anatomy Birmingham Dental College.

Mr. President and Gentlemen: The subject for our study this evening, was, until comparatively recent times, unknown; but is most likely as old as the human race itself It is needless for me to say it is the complications and sequella of that dreaded disease, Typhoid Fever. The fever itself was not clearly recognized until well into the Eighteenth century as a distinct disease. From 1813 to 1850 covers the modern discussion of the fever itself. Sinsce that time much has been written and much discussion has taken place concerning the complications and sequella of the disease. Typhoid is seen in the warm climates of most if not all the civilized nations of the world. It is occasionally seen in cold climates. It is seen in the mountains as a rule, but we see it in the bottoms and valleys also. By far the larger number of cases occur in the mountains, and it is here we see most of the complications and sequella of the disease. As typhoid is endemic and frequently becomes epidemic in our midst, we should be very careful in our observations when we are called to treat a case. A leucocyte count should be made at least once each week in every case and when

*Read before the Jefferson County Medical Society.

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the count is ten thousand or more we should look for complications, as they rarely go this high in an uncomplicated case. The complications are varied and many. I doubt if there is a year in which most every practitioner in the city does not see one or possibly several cases of either complications or sequella which covers a large and varied field. In order that we may keep the terms "complications" and "sequella" well separated, it might be well to ask ourselves what is a complication and what a sequella?

A complication is a disease occurring during the course of some other disease, and dependent either directly or indirectly on the primary disease, while a sequella is a disease or abnormal condition following an attack of some other disease and depending either directly or indirectly on the primary disease. Thus it will be seen that, as a rule, the two conditions can be separated with comparative ease and accuracy, as the former comes up during the attack, while the other follows. The two conditions may be well divided into two classes, viz.: the medical, or expectant, and the surgical, or curative. Of the former I shall have but little to say. The treatment is directed at the symptoms and keeping the patient quiet and trusting to nature to do the rest. This treatment is well illustrated in the treatment of the diarrhoea, constipation, vomiting, cough, pneumonia, local conditions, periosteal lesions, skin abscesses, etc. With this brief mention I will now take up the other side of the disease, viz.: the surgery of typhoid. This field has received as much attention probably in the past twenty years as any field of surgery, and during that time has saved many lives which would otherwise have been lost. Since the days of asepsis and anaesthesia we have learned to do much for those cases which was up to that time utterly hopeless.

Probably 60 per cent. of all complications of typhoid comes up during the second week of the disease, or the beginning of the third week, while a small per cent. comes up during the first week and the latter part of the third and early part of the fourth weeks are between the two. Possibly 80 per cent. of all sequella comes up during the fourth week, or fifth week, while the remainder comes on later. During the first week we see such complications as pneumonia and diarrhoea, but these may be delayed until later. Toward the end of the second week we see a large per cent. of such complications as haemorrhage, perforation, pyelitis, perinephritis, thrombosis followed by abscesses or possibly gangrene, when it comes up as a complication. During the third and fourth weeks we have such complications as abscesses of the liver, gall bladder, spleen, skin, meningitis, empyemia, peranchymatous inflammation of the kidneys and cystitis, and neuritis. At the end of the first week, ulceration of the pharynx, larynx and oesophagus usually occurs when it occurs at all, and is a very serious complication.

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A hoarse, low rasping voice should always lead to immediate examination of the larynx. The ulcers usually occur on the posterior wall at the insertion of the cords, at the base of the epiglottis and as a rule extend to the ary-epiglotidean folds. Haemorrhagic infarction may occur and when it does is a very serious complication. Diphtheritic inflammation of the pharynx and larynx are not uncommon. Ferunculosis is a common condition in the fourth week of the disease and I have seen this one complication prove to be a serious one. The socalled bed sores are not common now as in the past since we have learned to prevent them. Meningitis is rare, but I have had one case in my own practice which proved fatal on the fifth day. This was a girl sixteen years of age and came on the 17th day of the disease.

There has been a few cases of thrombosis of the veins of the pia mata which seemed to be the actual cause of death. The condition known as "Aphasia" is most likely an encephalitis. Neuritis of the hands and feet have been common in my practice and has at all times been one of the worst and most unsatisfactory to treat so far as therapeutic results are concerned. I have tried all the known medicinal remedies and have reached the conclusion that medicine is of little or no value. Warm sponge baths with light massage with alcohol has done more for my patients than all medicine combined. This comes up during the fourth week as a rule. Cystitis is another condition which is rare, but when it occurs may prove to be one of the most annoying conditions we are called to treat. I have a lady now under treatment who had typhoid seven years ago and this condition came on during the third week and has been persistent ever since. Permangonate of potash 1-1000 seems to be accomplishing the desired end. The periosteum or bones themselves are frequently affected. Those of the lower extremities are affected twice as often as in all other parts of the body combined. However this is a sequella and not a complication as a rule. The joints may become affected and are of two varieties. The polyarticular which may assume either a rheumatic or a pyaemic form. Secondly, the monarticular form with a general inflammation of the joint. One such case occurred in my own practice which is given in detail under report of cases. Endocarditis, pericarditis and abscess of the heart comes during the latter part of the third week or during the fourth week. What I have been able to find in the literature is given further on.

Typhoid septicemia is occasionally met with and is always a serious complication, in fact will end the life of the patient in no less than 50 per cent. of all cases. Heart failure ended the life of one of my patients, that of a lady, age fifty-two, white. She had what might be termed a malignant case and the heart began failing on the third day

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and refused to respond to any stimulation I could use on the tenth day. I think, however, she had a fatty heart previous to the attack of fever. This is the only case occurring in my own practice. Of the glandular system the parotid is the one affected oftenest. Parotid abscesses have occurred in more than 5 per cent. of my own cases. Some of them will be reported later. Ulceration and haemorrhage of the stomach has not been uncommon in my own practice. I have had one abscess of the liver and one case of gall stones due to typhoid. Five cases of perforation have occurred in my own practice. I have also seen a few cases of jaundice, none of which proved fatal, the skin clearing up in from a week to ten days. So far, I have been unable to find any mention of an aneurism due to typhoid. All authorities I have consulted mention arteritis, but aneurisms are conspicuous by their absence. One such case occurred in my own practice, being in the left common carotid at its bifurcation, the details of which is given in full under the head cases. With this brief mention of the complications and sequella I will pass to the study of the different pathiological conditions occurring in the different parts of the body and the differtnt structures. This can be done best in a systematic way and we will study first that very serious condition known as Gangreen. Many standard works on surgery do not mention gangreen following typhoid fever, and when we consult such works as "Treves, Dennis, Park and others" we are disappointed. In 1857 Bourgeois and Bourguet, first called serious attention to this serious condition, while Gigon called attention to it in 1861 and again in 1863. In 1863 Patry confirmed these observations. Bourgeois and Bourguet were the first to demonstrate by autopsy the fact that gangreen was due to arterial obstruction, but they thought it a coincidence rather than a consequence of the fever. Since that time many cases have been reported from different parts of the civilized world. For the past thirty-five years the profession has been looking for it in cases of fever.

Gangreen is either a late complication or an early sequel to typhoid fever. Fortunately it is rare. Neither Murchson or Flint mentions it. Holscher, who observed nearly 2,000 fatal cases, does not mention a case, but Bettke, in 1,420 cases, mentions four cases all confined to the toes. Bone lesions occur much oftener than does gangreen. Dr. Keen, of Philadelphia, has collected 205 cases of bone lesions to 133 cases of gangreen. Holscher reports 59 cases of thrombosis of the femoral vein in his series. Dr. Westcot has collected 90 cases of gangreen, 76 of which was due to typhoid. Keen says: "That 39.2 per cent. of all cases occur during the second and third weeks of the fever." The explanation may be found in the fact that the resistance of tissues are much lowered and the toxines are well diffused

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and the bacilli are plentiful and active. Dr. Keen reports one case in detail which was due to venous thrombosis, and set up a Phlegmasia Alba Dolens. The case is an interesting one and I give you his report of the case:

"E. C. Milford, Del., age 42, first consulted me July 9, 1897, at the instance of Dr. Marshall. He is an exceedingly large, stout man, who six years ago had an attack of typhoid fever. During his convalescence phlegmasia developed in the left leg, from which he has suffered ever since. The leg is still swolen, especially from the knee down, is very tense, hard and brawny, is covered with crust of exudation, and subject constantly to small furunculosis and the formation of small ulcers and occasionally of distinct abscesses. One of these, above the internal maleolis, was opened about six months ago and has never healed. At this site there is a small crater, one cm. in diameter, going through the entire thickness of the skin to the muscular tissues, and the seat of an exceedingly foul discharge. The itching of the limb also annoys him very much. I directed him to foment the leg sufficiently to take all the crust off, and then to apply an ointment of resorcin, 30 grains to the ounce. Under this treatment he rapidly improved, and was soon entirely well."

Symptoms. These are marked and characteristic. Should the case be one of either arterial embolism or venous thrombosis, and the case be running the ordinary course along toward the end of the third week as a rule there is sudden, severe and persistent pain, soon becoming localized in any of the extremities, followed by numbness, cold chilly feeling and sometimes loss of motion it is almost pathognomonic of gangreen in that part. In a day or two a well defined line of demarcation will be formed, with the usual symptoms of gangreen. Age nor sex seems to have but little if anything to do with typhoid gangreen. Dr. Keen, in his "Tonor" lecture delivered in 1876, reported 113 cases, and since that time Dr. Westcot has collected 90 cases, making a total of 203 cases. From this he deducts 34 cases reported by Estlander, of Findland, they being due to special local causes. Of the remaining 169 cases 115 were due to typhoid and 40 to typhus. Of 155 cases the ratio was about three males to two females, this being in direct contrast to the statement above. The site of gangreen is more striking than age or sex. Dr. Keen gives the following table: Ears, 6 cases; arms, 5; nose, 10; genitals, 21; face, neck and trunk, 47 and the legs 126. Thus it will be seen that it occurred 89 times in all parts of the body combined except the legs where it occurred 126 times alone. If gangreen be due to arterial obstruction it seems that it may be about evenly divided, but if it is due to venous obstruction there is a marked diffference. Keen gives a table of 46 cases of ar-

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terial gangreen occurring as follows: Both sides, 8; right side, 19; left side, 19. This shows an even balance. The venous is different, viz: both sides, 4 cases; right side, 10; left side, 38, making a total of 52 cases. Of 47 cases in which there was no gangreen it was as follows: Both sides, 3 cases; right side, 13; left side, 31. I believe that the general debility of the patient, the slow sluggish circulation, the tendency of the blood to coagulate, the diffusion of the toxines, the action of the bacilli, the great distance from the heart and the possible compression of the left Iliac vein by the right common Iliac artery all have something to do with this great difference. The following cases have occurred in my own practice:



Cut No. 1 shows the condition of the gangrenous process in case No. 2. The smooth surface near the upper edge shows the exposed tibia. The heavy line like appearance in different parts of the ulcer is the branches of the internal safenous vein, which had become hard cords. They were removed later with a pair of scissors. Under antiseptic, simulating treatment the ulcer healed in three months.

Case 1. Mr. Jim J., white, age 40, had typhoid three years ago when he consulted me in June, 1897, for a large gangreenous ulcer on the lower third of each leg. They were partially covered with a

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brown crust and occasionally would break down in small abscesses and discharge a very foul smelling pus. They first made their appearance during convalescence from the fever. They would not heal notwithstanding the fact that he had used many local remedies of his own and that of several physicians. A bacillus was isolated which filled all the requirements of the typhoid bacillus. They were thoroughly curetted and kept clean and a rubber bandage applied over the dressings, when they healed in about two months. The internal savenious vein had been occluded in this case.

Case 2. Mr. W. G., white, age 25, consulted me in May, 1900. He had a very large, foul ulcer on both legs extending from the upper third of both legs to near the ankle joints. Each were practically covered with a brown hard crust, which, when removed, left an ugly ulcer, and bled very little. After much patient work I isolated a bacillus which gave all the requirements of the typhoid bacillus. He had typhoid in 1896. His temperature run from normal to 102F. at times, which was due to a mixed infection. All the veins on the inside of the legs were hard cords above the ulcers. I advised operation but he refused and in a few months passed from my observation in this condition.

Case 3. Mr. J. W., age 34, white, consulted me in February, 1897, for a large ulcer on the left leg located on the front and inner side on the lower third of the leg. Had typhoid eleven years ago. It was very painful and incapacitated him for work. Three years ago had an operation done on the right leg for a similar condition which begun during convalescence, with good results. The present trouble began two or three months after the fever. The entire surface was curetted, also the bone, a dry dressing applied and a rubber bandage over this, when it healed in three weeks.

Case 4. John J., black, age 52, had typhoid fever in 1899, and consulted me in August, 1900 with a gangreenous condition of the entire ankle joint and extending up to the middle third of the leg. The trouble began before he was able to walk from the fever. Temperature 102F., pulse 120. The condition had been getting worse for two weeks previous to this. Positively denied ever having had any specific trouble. No bacteriological examination was made, but an amputation was done at once to save the life of the patient. He was much emaciated, but rapidly improved and was soon entirely well. There was no tubercular trouble.

Case 5. Mr. R. G. D., age 23, white, had typhoid in July, 1900, and consulted me in September, 1901, for an ulcer on the left leg about

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three inches above the ankle joint and on the inner side of the leg, which he noticed about the time he began sitting up from the fever. At times it would crust over and then would become raw again. He had tried many tonics and local remedies with no satisfactory results. I curetted the entire surface, applied a dry gauze dressing and a rubber bandage over this. It healed in three weeks.

I believe that if we would be more careful we would find at least 75 per cent. of all ulcers on the legs of the caucasian race following fever, when we exclude traumatism and specific troubles.

Joints. The hip, knee, shoulder and elbow are probably affected oftener than any of the larger joints and in the order named. But in the study of the body as a whole we will probably find more cases by number of the smaller joints. There is a typhoid artehritis, which probably occurs more frequent than any other form. There is also a rheumatic variety and a septic variety. Much could be said on this line, but time will only permit me to report the two very interesting cases which occurred in my own practice.

Case 1. T. S., colored, age 48, male, was convalescent from typhoid and had been ill with the disease for five weeks. When all was going well, as I thought, he was taken with a severe pain in left ankle joint. General enlargement of the joint soon followed and pus formed in four days. This not only involved the joint itself, but the tissues about it. The circulation seemed to be entirely occluded. Amputation was done to save the life of the patient. I found not only the soft tissues involved, but the bony structures as well. All the treatment recommended was used without the slightest effects. He made an uneventful recovery in a short time.

Case 2. Mr. R. G., male, white, age 30. Previous family and personal history good. I had treated him through a four weeks' spell of typhoid, which ran the usual course. In the fifth week of the disease (second week of convalescence), he was suddenly taken about 2 o'clock a. m. with an excruciating pain in the left knee joint. It was necessary to resort to morphia frequently. He had had several attacks of acute inflammatory rheumatism previous to this. The joint looked like rheumatism and I thought the condition was due to that trouble for two or three days. On the fourth day it was evident to me that there was pus in the joint and operation was advised. He consented at once and it was done in the afternoon of the same day. Two openings above and below the joint, both internally and externally was made also the same behind and one directly behind the joint and all leading into the joint. About one pint of pus was evacuated

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and through and through drainage put in. I had little hope for the limb and but little for him, as he was in a very serious condition. It was dressed two to three times in the twenty-four hours for four weeks, when he began to convalesce. He not only got well, but to my great surprise had a joint which he used fairly well at the end of one year. A pure culture was taken from the pus which was identical morphylogicly with the bacillus typhosis and gave the widal reaction with typhoid blood. The temperature ran from 102F. to 104F. Pulse from 110 to 140. This case occurred in October, 1898. This one case shows how futile drugs are and how much can be accomplished by surgery.

ANEURISM.



Cut No. 2 shows the front view of the aneurism case on August 1st. It shows well the enlargement of the entire side of the neck.

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Cut No. 3. This shows the outward projection of the tumor, the remarkable sharp point of outward and downward projection and the enlargement behind the left ear which is not shown in Cut No. 1. At times there was a bruse over the enlargement behind the ear in the absence of one elsewhere. It was likely filled with a clot in the larger part of the sack.

Case 1. Mr. Bud C., age 18, white, was taken the first of April, 1898, with a typical case of typhoid. I saw him first on April 10th, temperature 103, and pulse 100. Abdomen tynponitic, very tender, profuse diarrhoea, great thirst, a hacking cough, some nausea and vomiting, nose bleeding, and a typhoid rash. I gave him 1-30 grain strychnine every four hours and five grains sulphocabolate of zink every three hours and wrapped him in an ice sheet which was changed every few minutes for several hours, as it was impossible to give him the tub baths in the home (I should have added that he was also delirious). Under this treatment he rapidly improved and in twenty-four hours was comfortable. Temperature run from 101 to 102 1-2F. and pulse 80 to 100, until April 25th, when it began to go down by lysis and by May 5th, the temperature was normal. On May 7th,

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there was a slight swelling and tenderness of the left parotid gland. Ice packs was used freely, but the inflammation gradually increased until the 12th, there was a small abscess which pointed at back of left ear. This was opened by a small incision which just extended through the skin. An antiseptic dressing was applied and changed every second day for the next week, when the abscess was entirely healed. I did not see him again until June 15th, when he came to me for treatment of a small nodule two inches below the angle of the left inferior maxillary. On careful examination I found the parotid gland still rather large and tender and the small tumefaction seemed to be attached to it. There was a hoarse rasping cough which worried him very much at times, but had not given him any inconvenience otherwise. With the stethscope I thought I could make out an aneurismal bruet very distinctly. My diagnosis was an aneurism of the common carotid at the bifurcation, due to the typhoid bacillus as there was a pure culture obtained from the parotid abscess. I advised operation, which was refused. I put him on the iodides and advised perfect quietude. He took the medicine, but would not remain in bed. The tumor rapidly grew and all the symptoms increased in proportion until July 1st, when I tried the gelatin treatment with the same results I had with the iodides. Two of our local surgeons saw the case at this time and diagnosed an angio-sarcoma. At this time the bruea had disappeared except at times, when it could be heard distinctly. Both advised against operation. Shortly after this time he had all the symptoms given in the text books, with a pulse ranging from 100 to 110 and no fever. By July 15th, the growth had attained immense size. (See photoes.) The accompanying photographs No. 2 will give some idea of the tumor. The tugging was now very clear for the first time. There was very little change for several days except a small place directly over what seemed to be the center of the growth, which became soft and bulged far out. On Aug. 15th, a dark area the size of a bean appeared, and on the 17th, it began oozing a dark blood. A piece of sterile gauze saturated with persulphate of iron was applied and a firm bandage over this. He then wanted an operation done and as his home was not suitable I had him removed to Dr. Copeland's infirmary. He operated and I assisted him on Aug. 18th. All the vessels were ligated on the left side of the neck and face and the tumor opened. It proved to be an aneurism of the common carotid involving both the external and internal carotids, and was fairly well filled with a blood clot. It must have been well filled at times as the bruea could not be heard. He rallied and was bright for several hours, but began to loose strength and died Aug. 20th. The incision could not have injured the vessel since it was not in this

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region and was barely through the skin. It was evidently due to the typhoid bacillus as it was obtained in pure culture from the abscess of the parotid, and followed it immediately. Previous personal history could not be questioned and was free from all disease. I have not been able to find such a case reported in the literature.

TYPHOID NEURITIS.

Case 1. Mr. Lee H., age 35, white, had a typical attack of typhoid. Temperature run 102 to 104.5F. for four weeks, pulse 90 to 110. During the fourth week of the disease there was much tenderness of the lower extremities and some anarsarca. In three days there was a violent neuritis of both legs and feet, which lasted for four weeks. Cotton batting was applied and hoops to keep the bed clothing from hurting him. The following week there was a mild neuritis of both hands. All medical treatment was of no avail in this case.

Case 2. Mr. J. W. S., age 48, white, was taken Dec. 11, 1897, had a violent attack of typhoid with three hemorrhages during the third week. There was profuse haemorrhages from the stomach several times after the end of the first week, to well into the third week when they ceased. At the beginning of the fifth week he was taken suddenly with a violent chill which was followed by one degree of fever. They repeated themselves every four to six hours for the next ten days. During this time there developed a violent attack of neuritis of both legs and feet and the right arm and left hand. Medical treatment was tried for the first week, and was doing no good when it was stopped internally and warm baths and alcohol sponges were continued. Improvement was decided in two or three days. It took three months for complete recovery. There is no question but what the neuritis was the cause of the chills in this case. Anasarca was present in both feet from the fifth to the tenth week when it disappeared under tonics, which was begun at the beginning of the ninth week, and after the neuritis was practically well.

Case 3. Mr. S., age 22, white, was taken in September, 1895, with a typical attack of typhoid. It run the usual course until the end of the fifth week. He was taken suddenly with a violent chill which lasted for an hour. The temperature had been normal for the past week prior to this, but now went up to 100F. and remained there for fifteen days. On the third day there was much tenderness of the entire right side of the body. This was very acute on the third day after the chill and proved to be a typical neuritis which lasted for four weeks. Internal medication did no good and warm baths could not be borne. Alcohol sponges were used freely, cotton batting applied and hoops set over the leg and arm. The right hand was practically

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paralyzed during the first two weeks of the disease. It was several weeks after the patient was out before the hand could be used.

Case 4. Mrs. M., age 28, white, had a typical attack of typhoid in April, 1896. Run the usual course for four weeks with a temperature of 102 to 104F. At the beginning of the fifth week (or the first week of convalescence), she was taken suddenly with a chill which lasted for an hour, the temperature rising to 101F. The next day there was tenderness of all the extremities. The third day there was a well marked neuritis of both lower extremities. On the fourth day there was a well marked neuritis of the left forearm and hand. So great was the tenderness that I had to apply cotton batting with a light roller bandage and put hoops over the affected parts. All the medical agents were used and the patient gradually grew worse, until the end of the week when everything except styrch. sulph. which was given in 1-30 grain doses every four hours. Warm sponge baths and light massage with alcohol was used every four hours. Under this treatment the hyperaesthesia disappeared in two weeks. The temperature run about the same until the last week when it gradually disappeared. All the other symptoms seen in an ordinary case of neuritis was present in this one.

PERFORATION AND HAEMORRHAGE OF THE BOWELS.

Case 1. Mrs. B., age 72, white, very fleshy. Had never been sick before. Was taken with a typical attack of typhoid May 15th, 1898. Run the usual course for two weeks. On the fifteenth day she was suddenly taken with a violent pain in the stomach followed by syncopy. I saw her in a few minutes and found her moribund, cold and pulseless. With stimulants she gradually grew stronger for eighteen hours, when it was evident that general peitonitis was developing. Her age and general condition prevented me doing anything in the way of an operation in this case. She died on the fourth day, perforation being evident.

Case 2. Mr. H., age 55, white, Scotch. Had never been sick before; was taken May 10, 1896; had a typical attack of typhoid, lasting four weeks. Temperature run from 102 to 104 1-2F., pulse 90 to 110. Diarrhoea very troublesome. By June 5th, temperature normal and he was well on the road to recovery. On the 8th, against positive instructions, he ate half a pint of rice and oat gruel. In about one and one-half hours he was taken with violent pain in the abdomen followed in a few minutes by copious haemorrhages from the bowels. This coould not be controlled and he died in two hours

Case 3. Mr. H., age 30, white, son of Mr. H., preceeding, was taken May 25th, or just two weeks after his father was. Had never been

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sick before. The two cases was identical clinically. His case run the same course as that of his father for four weeks to a day. On June 25 (two days after his temperature had been normal he did the very identical thing his father had done only a few days before. About thirty minutes after he had taken the gruel he was suddenly taken with a violent pain in the abdomen followed in a few minutes by a profuse haemorrhage from the bowels. I saw him in a few minutes and at that time he was moribund. He died in less than thirty minutes.

Case 4. Ana J., black, age 70, was taken June 8, 1897. Run a typical course for three weeks, with a temperature ranging from 101 to 104F. On the twentieth day I was called hurriedly to see her. I found that she was having a copious haemorrhage from the bowels. I gave her one-half grain morphia hypodermatically, elevated the hips and applied ice packs. My prognosis was death in a short time and so advised the family. I left and to my surprise I was called to see her the next day for the same thing. The treatment was repeated and again on the third day. She recovered.

Case 5. This was a girl eighteen years of age, the fever running the usual course for three weeks, when she was suddenly taken with violent pain in the abdomen followed by syncopy and the other symptoms usually seen in perforation of the bowels. In six or eight hours she rallied and I advised an operation at once. This was flatly refused, and my prognosis was death in a few hours from a general peritonitis. Morphia was given hypodermatically and ice applied locally for comfort. There was much distention of the abdomen and a high fever for several days when to my great surprise she began to slowly improve and finally recovered. The notes further of the case has been misplaced and prevents me giving all the details. This is the only case in which I have made a diagnosis of perforation in which the patient recovered.

The mortality in perforation when let alone is quite if not 100 per cent. When the diagnosis is made in a few hours and operation done promptly, the mortality will range from 75 to 45 per cent. The degree of mortality depending on the condition of the patient, the amount of shock, the peritoneal toilet and the time the operation is done. It would seem that the best time to operate in the majority of cases is from twelve to eighteen hours after perforation, or as soon as the patient reacts, but there is many exceptions to this for special reasons. The earlier operation is done after reaction, the lower the mortality and the longer, the higher the mortality. It is an easy matter to understand why the mortality is so high and will re-

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main so. Still if we can reduce the mortality from practically 100 per cent. to even 60 per cent. by operation we have made a great stride for humanity.

PAROTITIS.

Case 1. Mr. S., white, age 22, had an attack of typhoid in September, 1895. It run the usual course for four weeks when the left parotid gland began swelling and in spite of all treatment formed an abscess. It was opeend in the usual way and healed in a few days.

Case 2. Mr. John B., white, age 20, had an attack of typhoid in August, 1897 which run the usual course for three weeks when I noticed that the left parotid was very much enlarged. In a few hours it became very tenler and in spite of ice and all the medicinal agents known to me it rapidly supurated and on the fourth day I opened it at the posterior edge of the sterno-mastoid muscle and evacuated between one and two ounces of pus. It was kept cleansed in the usual way and healed in a few days.

Case 3. Mr. B. C., white, age 17, had typhoid in May, 1898, which run the usual course for two weeks and three days when the left parotid gland began swelling and on the fifth day I opened it at the posterior edge of the sterno-mastoid muscle. There was probably two ounces of a thick greenish pus evacuated. It healed in one week.

Several other cases have occurred in my practice, but my notes only state that they did not supurate, but the swelling lasted for two weeks and more. The treatment used in all these cases was the same and consisted of ice and the medicinal agents usually recommended in supuration. Personally, I do not believe any medicine is worth anything and ice only gives relief from pain. The specific organism is present and nature either takes care of it or the glands break down and we have an abscess. They have occurred in nearly 5 per cent. of my cases.

I have had the opportunity of watching four cases of specific parotitis (mumps), in those who had been under my treatment for an inflamed parotid previously. Strange to say that neither had any trouble in the gland in which the typhoid parotitis occurred. I have had three cases of typhoid parotitis in individuals who had previously had specific parotitis. It was interesting to note that in none of these did the two inflammations attack the same gland. Whether this is purely accidental or whether one is a check on the other I cannot say. However, it would seem that there must be an antagonism somewhere or the same thing would not have occurred in each case.

GALL BLADDER.

When the gall bladder is affected it is most likely by the bacillus typhosis traveling up through the ducts leading from the liver to the

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gastro-intestinal tract. The bacilli may produce an abscess or form a nucleus for a stone, or it may be only a mild catarrhal condition and will disappear in a short time. No doubt the last named is of frequent occurrence. When an abscess is formed there is nothing to do but open it. No drug or local application has any curative power. The same applies when a stone is formed. Last year I operated on a case of gall stones which I believe was due to typhoid infection. The case is as follows:

Miss K., age 57, white, had typhoid fever seven years ago. In the fourth week of the disease she began having severe pains over the region of the gall bladder and has suffered with them more or less ever since. Had never been sick in bed before. Had noticed a swelling in right side at times ever since just below the ribs, and had to go to bed with it. For the past four years had occasional vomiting spells and some fever. I was called to see her on the morning of July 20, 1901, and found her with a temperature of 103 2-5F., pulse 130, feeble and running. She was in a semi-comatosed condition and more or less delirious. There was a very large tumor at McBurney's point and exceedingly tender and she assured me that it had been five days since the present attack began. I made a diagnosis of appendicitis or possibly gall stones. I operated at 2 o'clock p. m. the same day, making the incision at McBurney's point. I found the gall bladder instead of an appendix. It was very much distended and firmly bound to the posterior abdominal wall. With much difficulty I succeeded in stitching it to the anterior wall and then opened it. There was fully a pint of pus evacuated. I then explored it and found a number of large stones as you see. The weight was 375 grains. She made an uneventful recovery except a bed sore which was produced by the carelessness of the nurse placing her on the edge of the bed pan. This taught me to look out for the gall bladder when there was a history of typhoid fever.

ABSCESS OF THE LIVER.

Case 1. Mrs. W. A. M., age 32, white. I saw this case with Dr. Cooper, of this city, Oct. 1, 1901. She had been suffering with typhoid for two weeks previous. Had aborted at the fourth month the day before. I was called to clean out the uterus which I did and again the following day. She had all the symptoms we see in any one case of typhoid, otherwise I did not see anything out of the usual in the case. On the 17th, I was called to see her again with him and found the following condition present: Some vomiting, great thirst, restless, pain in the right side at the edge of the ribs, temperature 103 1-2, pulse 130 to 150, very feeble and running. There was con-

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siderable enlargement on the right side at the margin of the ribs and complete flatness from the axillary line, tenth rib to half way between the last rib and the highest point of the ilium and extending to near the median line of the abdomen. In a few hours I saw her again and the temperature was 96 1-2, pulse 150. I aspirated the pleurial cavity and found nothing in it. I repeated this the following day with the same result. My diagnosis was abscess of the liver, or possibly a subdiaphragmatic abscess. Her condition was so serious that operation was deferred until the following day.

I made an incision over the gall bladder and when the peritoneium was reached it was much thickened and of a yellowish tint. When the cavity was opened there was a free flow of a very foul smelling pus. On careful examination I found it was well walled off from the peritoneal cavity, and posterior extended near the crest of the ilium. Seeing that it would be impossible to get the necessary amount of drainage from above, I turned her on the side and made an opening about four inches long between the iliac crest and last rib at the margin of the psoas muscle. Through and through drainage was put in. There was no time for seeing just what the conditions were inside the cavity at that time. Next day I made a careful examination and found that the liver had a large ragged place in it, and there was quite a large piece gone in the lower part of the right lobe just to the right of the gall bladder. It looked as though it had been bitten out. The gall bladder was not affected. Her condition remained very bad for three or four days, when she began to improve and continued to improve very rapidly until the morning of the 17th day. At this time the anterior opening was practically healed and the abscess cavity also. In other words, the condition was all that could be wished for. I had just dressed the wounds and was applying the bandages when she gave a scream and became speechless, followed in a few moments by a heavy cold sweat. She remained in a semi-comatose condition, with cold perspiration and nausea, great thirst, a subnormal temperature, pulse 160 to 180 for 24 hours, when death relieved her suffering. I am not sure just what the sudden change was due to. I think it probable, however, that there was another abscess somewhere which could not be reached, or that had formed after the first one was opened. Or it might have been due to an embolism.

AFFECTIONS OF THE LARYNX.

Personally, I have never had any serious complications of the larynx. Luning gives the most interesting table I have ever seen, and I give it to you in detail, which covers fourteen cases of his own. It is as follows.

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Age.	Males.	Females.	Total.
Under 10	4	2	6
10 to 15	7	5	12
			18
15 to 20	30	11	41
20 to 25	56	12	68
			109
25 to 30	25	3	28
30 to 35	3	2	5
Over 35	4	1	5
			38
Total	129	36	165

Thus it will be seen that of 165 cases in this table it occurred 129 times in males and 36 times in females, or a little more than 3 1-2 times as often in the male as in the female. I have seen no explanation offered for this very great difference in the two sexes.

The time of onset is late as a rule, but may occur early, as shown by the following table by the same author:

First week	7 cases
Second week	23 cases
Third week	30 cases
Fourth week to two months	83 cases
Total	143 cases

This table shows that by far the larger number of cases occur either a late complication or come up as a sequela of the disease.

OESOPHAGUS.

I have had no complications in my own practice, but recently Dr. Blake, of Sheffield, Ala., reports a very interesting case of stricture of the oesophagus in a lad of 17 years, who was operated on by Dr. Blair, of that place, four years after an attack of typhoid fever. Fortunately, this complication does not occur very often. I have been unable to get the details of this case.

THE PLEURA, LUNGS AND HEART.

The organs of the chest are very frequently affected in typhoid fever. Probably one of the most frequent affections is pneumonia. This may come with onset of the disease or it may not come until late in

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the disease. The lobar form is by far the most frequent. A number of such cases have occurred in my own practice and all have run the usual course, and I will not take your time to report them in detail, but suffice it to say that 80 per cent. of all cases have occurred during the first week of the fever. The remainder during the third and fourth weeks of the fever. It is surprising to see how few die with pneumonia compared with the number of cases in the strong and robust, while in the alcoholics almost every one will die. Sometimes purulent pleurisy occurs, and is always a very serious complication, the death rate being very high.

We may have a purulent endocarditis or pericarditis. I have found only two cases of purulent pericarditis recorded and one of abscess of the walls of the heart, all of which was found at autopsy. We should not forget that gangrene and abscesses of the lungs occasionally occur.

STOMACH.

There may be a fatal hemorrhage from the stomach at any time during the disease. In my own practice I have had two cases of hemorrhage, but both made a good recovery. One occurred during the first week of the fever and continued at intervals for ten days. The other during the second week and two succeeding days during the same week. Many cases are reported in the literature, and I cannot take up your time with their reports.

MALARIA.

Case 1.—Mrs. D., white, age 24, had been living in S. W. Georgia for two months previous to present illness. I saw her on July 19, 1900, and she had been sick four days, with the following history: Had a chill each day between 8 and 9 o'clock a. m., followed by high fevers until late in the afternoon. Perspiration was very free, with nausea and vomiting and diarrhoea. She was very nervous, temperature 105F., pulse 130, no tenderness over abdomen, but considerable tympany, a brown, trembling tongue, very small quantities of urine, highly colored, very restless, great thirst, eyes yellowish, and all the blood vessels injected. Blood was examined at once, and the quotidian type of the plasmodium malaria found in almost every field of the microscope. The next day I expected to put her on quinine, but was called out during the night and did not get to do so. She missed her chill, and I thought I would not give it unless she had another chill. As she did not have any more I did not give it at all. She developed a typical case of typhoid fever and at the end of the first week I failed to find any plasmodium. She ran a typical course for four weeks, and made an uninterrupted recovery, and had no more chills and no quinine.

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Case 2. Mr. Leslie, white, age 32. Saw him first in July, 1897, with a temperature of 104F., pulse 120, vomiting, bowels very loose and some tenderness; diarrhoea, loss of appetite, a brown, trembling tongue, had had a chill every day between 9 and 10 o'clock a. m., followed by vomiting and sweats for three days. He had been in the Mississippi Bottoms for some time, and I examined the blood at once and found the quotidian type of the plasmodium malaria without any trouble. I prescribed 40 grs. of quinine sulph. to be taken the next morning at 4 o'clock. The vomiting was so persistent that he did not take it, but missed his chill and I did not give it then. He had no more chills, but developed a typical case of typhoid fever which ran the usual course. He did not get any quinine after the fever and had no chills. These two cases show very clearly that we may have a malarial infection where typhoid has begun, and is in accord with the statement of Ewing, who says: "After the first week, when the typhoid fever has become fully established, active sporulation of malarial parasites is exceedingly rare." In these two cases the typhoid either cured them or they got well without any treatment whatever.

MENINGITIS.

Case 1.—Miss A. B., white, age 17, was taken with a typical attack of typhoid in June, 1897, which ran the usual course for two weeks with a temperature ranging from 101F. to 103F. On the 17th day she began complaining of pain in back of head and neck, but on careful examination I could not find anything to account for it. I was called in a few hours very hurriedly to see her and found some of the symptoms of meningitis. In about thirty hours from the time she had begun complaining of the pain in the neck she had developed a typical attack of meningitis. It ran a usual course with all the symptoms we see in any one case until the fifth day, when she died in a convulsion. During the last twenty-four hours there was almost complete suppression of urine.

APPENDICITIS.

This may occur during an attack of typhoid. It is, however, rare, but if it should occur the treatment is the same as in an attack when there is no fever. It should be remembered that we have much tenderness in the region of the caecum in many cases of typhoid and we should be very careful in arriving at a definite conclusion, but should not lose any time in doing so.

CONCLUSIONS.

1. Medicinal agents are of little or no value in the primary attack and the treatment is only palliative.

2. That medicinal agents are of no value in either the complications or sequella, except to comfort the patient.

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3. That in either the complications or sequella whatever may be accomplished will be done either by nature or by surgery.

4. That the typhoid bacilli as a rule are distributed through every tissue in the human economy. That it may attack any part of the economy at any time, but oftener waits until the patient is run down from the primary disease and the results are oftener a sequella than a complication, and it has no choice in the tissues it attacks. That it may be some time before it asserts itself in any particular locality. That the local condition may get well in a short time or it may never do so unless we assist nature.

5. That when the infection is due solely to the typhoid bacillus, any complication will as a rule run its course with but little if any elevation in the temperature, while if it is a mixed infection it will run the course with more or less fever, and may be, with chills, fevers and sweats. That we should not be surprised to find the worst complications in the mildest cases. That we should feel much gratified to have no complications or sequella in the worst cases.

6. That owing to the long duration of the disease as a rule we have a fertile field for any and all kinds of surgical diseases. That the lower extremities are affected three or four times as often as is the case in all other parts of the body put together.

7. That all complications are either directly or indirectly due to the typhoid bacillus. That no known medicinal agents have any effect on the typhoid bacillus internally. That when it attacks any tissue locally the only way of getting rid of it is either by nature's wise provisions or its removal by mechanical means.

8. That it is no respector of age or sex, rich or poor. However, we see the larger number of cases in the young, as it is here we have the greater number of cases of the disease.

9. That we should never buoy the hopes of the patient on false hopes, but should be plain and frank at all times.

THE DIAGNOSIS AND TREATMENT OF APPENDICITIS.

By J. A. GOGGANS, M.D.,

ALEXANDER CITY, ALA.

I will not attempt to read a paper on the different forms of appendicitis, nor go into its anatomy, morbid anatomy and etiology, but to say something that will be more practical, and illustrate from my experience the great responsibility that rests upon general practitioners of medicine in the recognition and management of this disease. I say, "general practitioners of medicine" because the majority of cases of appendicitis are seen first by the general practitioners. It may

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appear to many that appendicitis is a subject much worn from the great number of articles now being published in our medical and surgical periodicals, but when we think of it in its true light, it comes to be the most frequent, hence the most important serious disease of the intestinal canal. The fact of its being so serious a disease when left to nature and its wide spread prevalence only serves to impress us with the great importance of physicians and surgeons being of one mind as to treatment. This can only be arrived at by both being thoroughly conversant with the pathology of the disease and thereby being mindful of its insidious and treacherous nature. This is the most important part of the subject of appendicitis that confronts us and our failure to recognize the different varieties of inflammations that are found in the appendix at an early date of their existence is the cause of nearly all of the fatality that we have in this disease. I do not wish to have one to infer that I mean that to merely know the pathology would extricate so many of these cases from death. I only mean that it is absolutely necessary for the physician to know how to read the pathology, treatment and progress of appendicitis by thoroughly understanding the meaning of the rational and physical symptoms when met at the bedside. The art of accomplishing this can only be attained by study and experience. In other words no one should ever die of appendicitis. So thoroughly am I impressed with the importance of this disease that I wish to try more thoroughly to impress the idea by quoting from Dr. Anders, of Philadelphia, the following:

"Whether imminent danger of perforation exists or not, the physician who is called to a case of appendicitis, should at once request the services of a competent surgeon. Few surgeons subscribe to the doctrine that all cases demand operation, but since it may be necessary to perform celiotomy at any hour, thereafter, the latter should help to settle the important question. The physician who does not pursue the course above reommended falls short of his duty, both toward the patient and toward the surgeon on whose skill he relies to remove safely the source of danger. Surely in a disease that so often baffles both physician and surgeon, suddenly developing, as it sometimes does, a fatal virulence without previous unfavorable symptoms, they should stand guard together from the moment the case is diagnosticated, or appendicitis is suspected."

Dr. Osler remarks that "So impressed am I by the fact that we physicians lose lives by temporizing with certain cases of appendicitis, that I prefer in hospital work to have the suspected cases admitted directly to the surgical side. The general practitioner does well to remember whether his leanings be toward the conservative or the rad-

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ical method of treatment—that the surgeon is often called too late, never too early."

I wish to say that I most unhesitatingly endorse this doctrine of Profs. Anders and Osler, after having so often seen the necessity of its having been practiced in our community. You all will appreciate the trouble and expense incurred by calling a surgeon to such a case in our sparsely settled country, and the long time that must elapse before a surgeon can see the patient, and I am constrained to give much latitude for the delay in calling the surgeon. It is only, however, to be contrasted with the fatal results caused by delay.

Now as to the symptoms, I will state that pain in the abdomen is the most constant. I have noticed that most writers state that there is pain on the right side of the abdomen. This, of course, is ultimately true in nearly all cases. But, according to my experience the first onset of pain in a large number of cases is experienced in the region of the stomach, and this is paroxismal and accompanied by vomiting. This usually subsides after a day or two and the pain and tenderness continues in the region of the appendix. The next most constant symptom is frequency of the pulse. The temperature may be subnormal, normal or elevated, but as a rule the temperature never runs high in appendicitis. One of the characteristic symptoms is abdominal rigidity. This is usually more pronounced on the right side, and the more rigidity there is present the longer has been the neglect in operating and the greater the danger of a fatal result. The bowels are usually confined, but sometimes during the first onset of pain the bowels may move a time or two and then become obstinately constipated. Such are the ordinary symptoms of appendicitis, but it is only by observing the different degrees of intensity of the above mentioned symptoms and the gradual extensions of the inflamatory condition to the peritoneum that the ulceration and necrotic changes may be diagnosticated. Of course, when these conditions exist, the general symptoms of sepsis are present, though sometimes quite obscure. Just here I wish to illustrate by giving the history of a few cases. I here show you the remains of the last appendix which I removed. The patient was a male, aged nine years, was taken March 15, 1902, with a pain in the stomach and bowels, and followed by vomiting. This was followed by obstinate constipation. I was called and saw the patient on March 19th. The diagnosis of intestinal obstruction had been made. At the time of my visit the temperature was 97 1-2, pulse 120, respirations 20. Every fifteen or twenty minutes he had paroxisms of pain in the upper part of the abdomen—only a moderate degree of distention. The bowels would hold about one quart of water and ex-

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pel it without relief of the pain. There was no evidence of disease of the appendix obtained by physical examination. The abdomen was opened in the median line, and the free end of the appendix was found adherent to another part of the intestine, thereby producing obstruction. This was liberated and the appendix removed. In doing this a considerable part of the intestine escaped through the abdominal incision and it was necessary to incise and empty the gut before it could be replaced in the abdominal cavity. Artificial respiration had to be resorted to and under stimulants and hypodermoclysis the patient made a good recovery. In this case I was not able to say positively that the appendix was the seat of the disease.

I here show you another appendix (illustrating) removed from a male patient fourteen years of age. He was taken with pain in the right side of the abdomen Jan. 6, 1902. This was very intense and followed by acute obstruction of the bowels. I was called on Jan 10th. At the time of my visit his abdomen was greatly distended accompanied with general rigidity. His temperature was 101 1-2, pulse 130, and respirations 30 per minute. I thought that a general perotinitis existed and that death was imminent, but opened the abdomen over McBurney's point in order to give him his only chance for life. It was found that he had intusseption of about twelve inches of the intestine, including the appendix. The invaginated portion of intestine was liberated by first incising its outer layer, followed by closing the incision with fine silk (Lembert sutures), and the appendix excised. The patient soon succombed to shock and sepsis.

I don't think that anything can learn the physicians of a community so much about appendicitis as for a few cases to be developed near by them and one or more cases result in death. I must confess that I class myself along with them in being thus slow to wake up to the importance of prompt recognition and proper treatment of this disease. I wish to cite here the history, diagnosis, prognosis, treatment, and final result in a case where the deceptive character of the symptoms can be forcibly appreciated.

Patient, male, twenty-five years of age, was taken with pain in the abdomen August, 1901. He called a physician, who thought the disease was bilious colic, and his treatment was followed by relief. Complete relief was not obtained, and another physician was called a day or two later, and he remarked to me that he thought the patient had appendicitis. This physician went away and a third one was called, and after he had visited the patient he called me in consultation. This was five or six days after the initial pain. At the time of my visit his temperature was 99, pulse 66, respiration 20 per minute. The

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skin was bathed with a profuse sweat, no pain only in the region of the appendix, where there was also some in duration. No distention of the abdomen. This induration was not marked nor was there much dullness. I made the diagnosis of gangrene of the appendix with fatal sepsis as my prognosis, but advised an operation. This was declined by the patient, but on the following day he demanded the operation. At the time of my second visit temperature was 99, pulse 62, respiration 20. Occasionally he would wipe the perspiration from his face; said that his bowels had moved well several times and that he was much better. I made the same diagnosis and prognosis, but for fear my prognosis might be incorrect, I operated. There was nothing very unusual to be found. Gangrene of the appendix and a fecal concretion very irregular in shape. Death followed on the next day. This case forcibly illustrates the deceptive condition in gangrene of the appendix, and is liable to be mistaken for a better condition until a fatal issue results. I don't believe that this man had a general peritonitis. He succumbed to the sepsis from the necrotic process before peritonitis could be developed.

I would not have you think that I mean that the physicians who saw this case were seriously to blame for not making an earlier diagnosis, although the final result in such cases brings us to our senses. Nor do I mean that I would certainly have made a correct diagnosis at the onset, or even during the first few days subsequently. You will see that I saw this case later and had more hind sight than I had of foresight. So did the patient. I could continue to cite cases to illustrate this subject, but will give only one or two others, and the same remarks apply to this as well as to the last mentioned cases, so far as failure in diagnosis is concerned.

Male, 45 years of age, was taken with pain in the abdomen, followed by vomiting and symptoms of obstruction. I was called three days later. His bowels had acted well. Temperature 100, pulse 90 per minute, some distention, but we thought he was better. No special dullness, nor tenderness anywhere over the abdominal region. Thought he was evidently septic. We waited twenty-four hours for developments. The sepsis was then more intense. We decided to operate, and just as the patient was brought to the table he became cyonosed and ceased to breathe. Of course, no operation was done before death. I immediately impressed the family with the great necessity of making the operation post mortem. This was immediately done. The appendix was found low in the pelvis, gangrenous and surrounded with pus. In fact, the peritoneal cavity was a pus cavity. The deceptive condition that accompanies gangrene of the appendix and the

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peritonitis that followed in this case was so marked that the depression thus produced was mistaken for a better condition, until a fatal issue resulted.

Female, aged 15 years. I was called to see this patient about the 12th day of her illness, and was informed that she was accustomed to have painful menstruation, and that her menses were on her at the time of my visit. She was taken with pain in the abdomen, and this was accompanied within ten or twelve hours by vomiting. The physician in attendance gave the ordinary routine of treatment consisting of laxatives, enemas and morphine hypodermically. I was informed that large doses had to be given to control the pain, and that the bowels were confined for five or six days before the bowels could be moved. At the time of my visit her temperature was 101, pulse 120 and small, respirations 14 per minute. I wish to call special attention to this clinical picture. Think of it! Large doses of morphine, respirations 14 per minute, temperature 101, very low for most of serious conditions, and pulse 120 and perhaps 140 when the morphine was withdrawn. Couple these symptoms with antecedent pain in the abdomen, accompanied by vomiting, and one's attention is directed to some probable serious intestinal lesion. In fact, they stamp it as an intestinal disease of grave import. The physical examination revealed marked abdominal rigidity, most perceptible on the right side in the region of the appendix, as well as decided dullness over the whole appendical region. There was also great tenderness, notwithstanding the deep narcotism, as demonstrated by the respirations registering only 14 per minute in a female of 15 years of age. The diagnosis of general septic peritonitis was made (however, this was incorrect; the pus was circumscribed), with an unfavorable prognosis predicted, but an immediate operation was advised. This was done, and a large appendical abscess was evacuated. The appendix could be felt, identified with the posterior wall of the abscess, and its removal was impracticable. The general plan of gauze packing and drainage was depended upon to save the patient's life. In this case it was discovered after the patient was put to bed that among the debris was removed a common stick pin, covered by a fecal concretion. The condition of the patient was very precarious. The pulse numbered about 150 per minute. About one pint of hot sodium chloride solution was given under the skin as well as strychnine and morphine hypodermically. The patient has gradually recovered.

I have said this much on the importance of an early diagnosis. I now wish to call attention to the importance of the technique of some of pus cases. I will quote from the article by Dr. McBurney,

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International Text Book of Surgery, by Warren & Gould, page 420, where he says:

"In some cases the appendix will be found so closely identified with the wall of the abscess that its removal would involve no little risk of infecting the tissue behind it; or when suppuration is abundant the operator may have been entirely unable to discover the appendix. In either case it must depend upon the judgment of the operator whether it is best to insist on the removal of the appendix, no matter how difficult and prolonged the dissection. It is true that occasionally a remnant of appendix which has been deliberately left, will at a later period be the cause of a fresh attack of appendicitis; or it may considerably prolong the healing of the wound. Nevertheless the most important consideration for the time being is the life of the patient, and it is much better to remove the appendix by a second operation done at a favorable time than seriously to risk the patient's survival at the first operation." I will cite a case to illustrate this:

Patient, female, aged 16 years. I saw here at the fourth attack of pain in the abdomen. This attack had been going on for three days, and there was evidently ulceration and an abscess around the appendix. She declined an operation. The abscess increased in size, and four days later I opened the abdomen in the median line. The interior of the abscess felt like the inside walls of a cocoanut. The pus was mostly evacuated at my incision and the uterus and ovaries were standing up in the middle o the abscess cavity. I carried a rubber drainage by Douglas' pouch, and thereby secured through and through drainage. A 'T' piece of rubber tubing was finally sewed to the upper end of the tube and drawn into Douglas' pouch and with the whole of it withdrawn through the vagina. The patient made a good recovery.

To further elucidate this part of the subject I quote again from McBurney, page 422, same article, where he says: "One should search carefully with the finger for loose fecal concretions and for the appendix itself. The latter may have already escaped in the form of a slough, or it may still remain and hang loosely in the pus sack. The greatest care should be taken not to break the wall of the abscess at an unprotected point, lest general infection of the peritoneum result. If the appendix can readily be found and removed, it should certainly be taken away and the stump treated in the usual manner. As a rule in abscess cases it is quite sufficient to cauterize and ligate the stump of the appendix without any attempt being made to suture it; as already explained, no very prolonged search for the appendix in abscess cases, and no dangerous dissection for its removal should be made. The appendix is frequently completely destroyed by

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the suppurating process. Prolonged search for it in such cases would of course be purely harmful. If it has not been destroyed, it is frequently obliterated by the subsequent process of repair. Not infrequently have patients been sacrificed to excessive zeal in handling the cavity of these abscesses, and this is especially true of children. The only very important point is to give free exit to the pus; and after this has been done, the less the operation is prolonged the better."

I have thus quoted at length from the author mentioned on account of the fact that the laity cannot understand that when a surgeon operates in cases of appendicitis, his reasons for not removing the appendix in many of the abscess cases. In some of these pus cases the abscess lies near to, and involves the anterior abdominal wall, and the important part in operating in such cases is to make the abdominal incision so short that it will not open the abdomen beyond the area of adhesion.

INFECTIOUS AND CONTAGIOUS DISEASES IN SCHOOLS.

By B. F. WILKINSON, M.D.,

MONTEVALLO, ALA.

Hon. Board Trustees, Alabama Girls' Industrial School,

Gentlemen: At the beginning of the scholastic year just closed. it occurred to me that some plan should be devised whereby the physician might become better acquainted with the personal and family history of the girls; believing also that some plan should be improvised for preventing the introduction into the school of infectious and contagious diseases, and feeling the necessity for an accurate record of the girls while in school, I improvised a system of examination which has been eminently satisfactory—a blank is inclosed. You will see at once in the blank inclosed that there had elapsed scarcely sufficient time to say that the young lady had escaped scarlet fever. You will readily see the danger to the school. Three other girls were discovered to have been exposed to scarlet fever within three weeks of their admission. It is not only possible, but highly probable, that the case of scarlet fever we had in the fall was due to the removal from the trunk, by some one of these girls, the very clothing worn by them at the time of their exposure. Note the family and personal history in the case mentioned. Poor heredity, treated in a sanatorium at 16. a tendency to consumption; what shall be done with a case like this? Refuse her the advantage of the Alabama Girls' Industrial School? No; it seems to me that in a case of this kind, the physical system should be developed to its utmost capacity, the number of recitations limited. Educational and physical development can be conducted sim-

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ultaneously, and should be done. This case is only one of a number nearly as bad. According to my plan, the pupil will be weighed upon entrance, her height will be ascertained, the capacity of her lungs will be tested with a spirometer; the heart's action with the sphysmograph, the hand grasp with the manometer, etc. At the close of school, this will be repeated. Thus, during the past year, there has been an average gain in bodily weight of 5.79 lb. per pupil. We have had an unusual amount of sickness during the year just closed. This was due in a measure to defective plumbing, but possibly to a greater degree to the prevalence of influenza and pneumonia throughout the State. We had tonsilitis, 53 cases; menstrual disorders, 70; la grippe, followed by broncho-pneumonia, 4 cases (these girls were sick respectively, 49, 69, 70 and 77 days); abscess of frontal sinus, 1; lobar-pneumonia, 2 (one complicated by diphtheria and sick 31 days); scarlet fever, 1; catarrhal appendicitis, 2; small pox, 3. None of the small pox cases were sick enough to go to bed, nor were any of them pitted. It is the opinion, however, of our State Health Officer, that the disease was small pox. Six girls complained of poorer health here than at home. We had six cases of rheumatism and a number of cases of contagious sore eyes. Dysentery and digestive troubles were less frequent than formerly. Malaria, as usual, played an important role. 38 girls suffering at intervals from this cause alone. Most of these cases came from the Black Belt. It is my purpose to give you a map at some future time showing the geographical location of the places from which we are to expect chronic malarial sufferers. Seventeen girls went home on account of poor health and nine more on account of severe illness. There were eight girls in school with decided tendencies toward consumption. Five girls were received in the beginning of the year who were so much below the average that grave fears were entertained as to their abilities to prosecute their work. Of these five, four remained, and each showed an actual gain in height and weight. The total expense of the school and the girls for necessary drugs was $373.83. Of this $373.83, $168.85 was for special prescriptions, the regular preparations being carried by the school as heretofore. Of these special prescriptions, $45.20 remains unpaid. The school is practically without apparatus. There are needed bed pans, commodes, ice bags, fountain syringes, hot water bottles, clinical charts, catheters, rectal tubes, a wheel table for transferring the sick, a stretcher, pus basins, urinals, feeding bottles, a bandage roller, and in fact a host of things indispensable and usually provided in all institutions where provision is made to care for the sick. I cannot stress too strongly the need of a hospital. This was exemplified nearly every

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day last winter. The incessant noise in the corridors oftentimes absolutely forbids much needed rest and sleep. There is not sufficient privacy. The sick are liable to have their rooms invaded at any time and their comfort disturbed. As urgently as we need a hospital, there is as great need for an isolation hospital. During the past winter, one of the girls suffering from small pox visited freely other girls upon the same corridor. It was only by the utmost exertion and every possible precaution that epidemics of scarlet fever, diphtheria and small pox were prevented. Another time we might be unsuccessful. A three-room cottage, one hundred yards from the dormitory and in the rear of the building would be ample for present needs. The building now occupied by teachers can be used another year for a hospital, but considerable repairs are necessary. I would also recommend the construction of a steam house adjoining the laundry for the disinfection of furniture and bedding. This can be done best by dry heat at a temperature of 150 degrees to 180 degrees C. In this way nothing will be decolorized or injured. At the same time all germs and insects will be effectually destroyed. This building can be constructed at a cost of less than $100, and during the summer months all the school furniture can be disinfected. I wish to express my appreciation for the unselfish devotion and hard work of my assistant, Miss Henderson. She has been faithful and prompt in all her services. I very much fear you will not be able to fill her place at the present salary. In conclusion, I feel profoundly thankful that the watchful care of the Great Protector has been over us, and that not one has been called during the past year from Time to Eternity.

PRELIMINARY NOTE ON A NEW QUININE DERIVATIVE.

By H. P. Coile, M.D.,

KNOXVILLE, TENN.

During a professional experience of some twenty-seven years the writer has been induced to prescribe several diffrent products of cinchona offered the profession as tasteless quinine, all of which failed to prove satisfactory substitutes for the sulphate of quinine, and were soon abandoned. About a year ago I had called to my attention the new tasteless product, saloquinine, the salicylic acid ester of quinine In view of my unsatisfactory experience with former preparations I was somewhat reluctant to prescribe this new remedy. Owing to its chemical composition, however, I was led to believe that possibly

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it might be beneficial in certain cases of lagrippe and rheumatism, and I have used it in a few cases with apparently good results. My observations, however, are as yet limited, and in a measure, imperfect. The fact that the powder is tasteless and has a gritty feel may give one the impression that it does not contain quinine. The absence of taste is due, however, to its insolubility in the salivary secretion, and not to the absence of the bitter cinchona principles. I have dissolved a powder of saloquinine in water acidulated with hydrochloric acid and brought out the bitter taste in a marked degree.

Saloquinine, when swallowed, comes in immediate contact with the free hydrochloric acid of the stomach and is quickly dissolved. The medicine probably possesses the tonic and antimalarial qualities of quinine as well as the anti-rheumatic action of salicylic acid. In a few cases of lumbago in which I have prescribed it, it has relieved the patient after taking a few powders dry on the tongue, followed simply by plain water. It also appears to be a valuable remedy in la grippe.

My opportunities for testing its value in malaria have been limited, as the disease in my locality is almost unknown. Recently, however, I gave saloquinine to a child 18 months of age with a high range of temperature presumably due to malaria (no blood examination made). The symptoms yield promptly to the treatment.

It is in children we find the greatest difficulty in administering the bitter preparations of quinine. They are too young to swallow it in pill or capsule, and the various excipients used for this purpose are only partially satisfactory. When used in sufficient quantity to disguise the quinine they soon disturb the stomach and usually produce vomiting. Saloquinine, suspended in water, can be administered to children with ease, and it is usually well borne.

So far in my experience I have not observed any unpleasant effects from its use except in one case of a young girl with high temperature, in which vomiting occurred after each dose, and the remedy had to be suspended. It is only fair to add that she was a very delicate child, and almost any medicine produced vomiting in her case.

My experience would seem to indicate that saloquinine deserves a fair and impartial trial at the hands of the profession. The absence of taste, provided its therapeutic value is further established, would give it the first place among all cinchona preparations in the treatment of children where it is indicated. In la grippe, myalgia, and subacute rheumatism it will be found a useful remedy.

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ABDOMINAL AORTA LIGATION FOR ANEURISM.

The fourteenth case in which the abdominal aorta has been ligated and the operation recorded is that reported by Morris (Annals of Surgery, February, 1902), who believes that the operation may be successfully accomplished in the near future.

Examination of the abdomen of a colored woman of twenty-four disclosed an epigastric tumor pulsating so forcibly that the beats were visible at a considerable distance from the patient, and the objective signs of aneurism of the aorta were typical of that condition.

For purposes of ligation, Morris chose a soft-rubber catheter about 12 millimeters in circumference to avoid injury to the tunica intima. The aorta having been isolated from surrounding structures for a short distance, the catheter was carried around it with the aid of an aneurism needle threaded with a loop of silk. The loop of catheter surrounding the aorta was then drawn tightly until circulation in the femoral arteries ceased, and a long clamp forceps held the catheter in place. This avoided tying. The ends of the catheter and of the forceps were allowed to protrude from the abdominal wound, which was sutured, with the exception of room for the ligating apparatus. The ligature was applied at a point about two inches below the aneurism and one and a half inches above the bifurcation of the aorta.

The operation may be done in about fifteen minutes by a person fairly skilful.

Nineteen hours after operation the patient could feel the prick of a pin over the vastus muscles, but the legs showed general loss of sensation. In twenty-two hours from the operation, the heaving, expansile pulsation of the aneurism suddenly began to diminish. In about three hours it had apparently disappeared

The ligature was removed twenty-seven hours after being first applied. Sensation was restored and sphincter control regained. There was every hope of recovery, but on the following night she began to develop evidences of intense septicemia. She died fifty-three hours after the operation.—The Therapeutic Gazette.

TREATMENT OF PRE-SENILITY.—Ferguson details a case of impotence following a prolonged attack of gonorrhea. It was his third attack, and his virile power was almost lost, and he suffered from frequent micturition. He had in addition orchitis on both sides. The case was particularly obstinate and many remedies had been used to no purpose. He had already exhausted the resources of several quacks. Sanmetto was prescribed in teaspoonful doses three times a day, and improvement and recovery followed.—Medical News, New York and Philadelphia.

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Selected Articles.

ERGOAPIOL (SMITH) IN DISEASES OF THE FEMALE.

By CHARLES H. SHEPARD, M.D.,

DURHAM, N. C.,

Physician to Lincoln Hospital.

A deep and general interest is attached to all knowledge pertaining to the treatment of common diseases of the uterus, to which women are subject, and a vast literature is the outcome of this profound and focussed interest. We live today in an age of transition—a period of change. A great many of the former theories of medicine are fast passing away. New medicines are made, achieve a short-lived success. and then pass on to obscurity. This is true most especially in medicines for gynecological diseases. Of the newer remedies it is hard indeed to get one that may be depended upon for long. They soon lose their reputation and potency and are relegated to the past.

We know that all diseases of the womb have not the same etiology nor the same pathology, therefore they should not all have the same treatment. Far too often the general practitioner groups all these diseases together as one and gives the routine treatment. It is not enough to give anodyne medicines for dysmenorrhea any more than it is sufficient to treat alike all forms of dysmenorrhea.

The operation of curettment has a most important place in these conditions, but like other remedial agencies it has its limitation. When we curette the uterus we rid it of a pathologically obnoxious lining membrane, and afford a normal membrane the opportunity to be formed.

The healthy woman with normal genitalia menstruates regularly and painlessly once a month from puberty to the "turn" of life, except that this regularity is interrupted by pregnancy and afterward by lactation. Any departure from this rule constitutes an abnormality. Amenorrhea is less frequently met with than dysmenorrhea and irregular menstruation. The present age of transition has brought forth what is popularly known as the "new woman," and she has brought with her new ideas and practices which in very many cases retard growth and the natural process necessary for perfect health. For leaving the old landmarks, she has to suffer.

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The most generally useful medicine in the conditions of amenorrhea, dysmenorrhea, irregular, scanty and fetid menstruation, in my judgment, is a preparation of the Martin H. Smith Company, of New York, known as Ergoapiol (Smith). In the female ward of the Lincoln Hospital, Durham, N. C., I have used this medicine very extensively, and it has not only never failed to benefit and cure, but I know of no remedy with which I could replace it were I deprived of it. Its efficacy may be tested by any physician who properly tries it. I mention a few cases with short description of each, in which it has given the most signal benefit in my hands:

Ergoapiol (Smith) is put up as a small capsule, and is made up of a special form of apiol, which is of the very highest quality. Combined with this are some other most valuable hemagogues, and they all go to make a fine preparation. It seems to be a scientific pharmaceutical preparation, non-toxic, tonic, as well as emmenagogue. What I have to say of this preparation is based entirely upon clinical experience, and I feel safe in saying that it will bear a clinical test whenever properly administered.

REPORT OF CASES.

No. 1. Mrs. F. was admitted to hospital September 15, 1901; married; no children, though she had been married four years. Had not menstruated for seven years. Womb had been curetted several times. Suffered from leucorrhea; pains in right and left iliac regions continuous. Examination showed a very small os, but generative organs were otherwise found to be normal. Another curettement failed to bring on the menses. I then prescribed Ergoapiol (Smith) to be taken one globule three times a day, and afterwards increase to one globule four times a day. After seven days of this treatment she complained of a general feeling of stiffness in her limbs, gaping and a feeling of malaise. The following morning she found to her delightful surprise that sre was menstruating for the first time in seven years. At that time the flow was somewhat scanty, but the treatment was continued through three periods. Each succeeding period was more nearly normal than the one that preceded it. Now her functions are regular and I know no reason why she may not become pregnant.

Case No. 2. Mrs. S. complained of a continuous dull, dragging pain, situated in the region of the iliac fossa of the right side. Menstruation irregular, scanty, fetid. Married six years; had never been pregnant. Excessive leuchorrhea, though otherwise she was perfectly normal. Her weight was 140 pounds. Her condition, and the suffering, both physical and mental, which it occasioned her, was rapidly undermining her health. She was becoming emaciated, appetite of no con-

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sequence, general weakness. She considered her condition "hopeless." Cardiac weakness, of which she was a victim, contra-indicated curettement, which usually cures "whites" and allows the formation of a healthy lining membrane. Ergoapiol (Smith) was prescribed for her, one capsule three times a day. In conjunction with this, I gave tonic medicines. After six weeks' use of this remedy, the woman said she was "feeling so good" that she did not need any further treatment. She had increased in weight, and her appetite had become all she could wish. The menstrual flow was increased, and now, five periods having elapsed from the time treatment was instituted, her monthly flow has failed to appear. She does not expect its return for some time—supposing herself pregnant.

No. 3. Miss S. suffered severe pain each month beginning a day before the flow came on. The flow was a thick, clotted mass, consisting of membrane and the menstrual blood matted together. She had suffered from puberty, and the suffering became more intense as the years passed on. She was 19 years of age, stout, of healthy parentage. Admitted to Lincoln Hospital January 15, 1902. She declined an operation. I afterwards prescribed Ergoapiol (Smith) and have continued it for one month. Her next menstruation was free and easy, painless and regular. I doubt not that keeping up this treatment up to another period, she will be entirely rid of the hitherto troublesome condition.

No. 4. Miss W. Tubercular history. Menstruation very irregular, sometimes three, sometimes five weeks between periods; very painful scanty. I prescribed Ergoapiol (Smith) one capsule four times a day beginning one week before the menstrual period and continued a week after the period. As a result of this treatment the patient feels a great deal better in her general health; her monthly flow has been rendered painless and increased in quantity. Ergoapiol has a tonic action upon the muscular fibres of the womb. Its effect is not transitory, but lasting. This superior preparation is decidedly tonic.

No. 5. Mrs. D. A victim of endometritis. Pain continues between periods and is aggravated at periods. Leuchorrea was very pronounced. Pains in the back: "hot flushes;" vertigo; headache. Patient would not allow an operation; highly sensitive. Several preparations were tried, but none gave relief until Ergoapiol (Smith) was used. It has entirely relieved the patient, and she is now loudly singing its praises. In this case treatment was kept up for ten weeks.

Ergoapiol has never failed in my hands. It is not possible that it can cure obstructive dysmenorrhea, but with that exception it is indiacted in all the other diseases of the womb where a tonic and sedative action is the requirement.

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Case No. 6. Mrs. D., widow; aged 33; had three children; youngest 10 years of age. She had suffered all her menstrual life severe pains in the pelvis at each period; had to keep in bed a week or more each month. Paroxysms of pain were followed by a flow of the "whites;" no anemia; womb found to be flabby and relaxed; pains extended down thighs posteriorly; had been treated for many years by various physicians of note, but had received only temporary benefit.

Ergoapiol (Smith) was given her, one capsule three times a day, and increased at the time of the flow to four times a day. After three months of this treatment her menstrual function became regular, and being entirely well now, she feels that life, after all, is worth living.

I could prolong this list indefinitely with records of cases that have been entirely relieved of these conditions, and I shall be pleased to furnish any information desired as to Ergoapiol (Smith) and its use.

Durham, N. C.

SUMMER DIARRHOEAS OF CHILDREN AND THEIR TREATMENT.

By M. A. AUERBACH, PhG., M.D,

NEW YORK,

Medical Inspector, Department of Health.

The importance of these demand a separate consideration. Three forms more or less distinct, may be recognized, viz.: acute dyspeptic diarrhoea, cholera infantum and acute entero-colitis.

Acute Dyspeptic Diarrhoea.—This disease is chiefly due to errors in diet, which do not necessarily consist in the substitution of unnatural foods for the mother's milk. The mother's milk may be altered in quality by emotional causes, by improper food and improper hygiene. Or it may be caused by over frequent nursing. More often, however, it is caused by the ingestion of unnatural foods.

There are also pre-disposing influences which facilitate the action of the exciting causes. These are especially, dentition, and the extreme heat of summer.

The prognosis of the aforesaid disease among the better classes is commonly favorable, but among the weak, puny and half starved children of our lower East Side large numbers perish, especially during the summer months.

The old time treatment in these cases was a primary purge, calcined magnesia, or castor oil. After the purge bismuth sub-nitrate or prepared chalk was given. Since the introduction of Glyco-Thymoline (Kress) the above mentioned methods have been cast aside. A very

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good and effective prescription which has given me most splendid results in these kind of cases, in conjunction with a carefully restricted diet, is

Bismuth Sub-nitrate, Dr. I.
Tr. Opii Deoderatum, M. X.
Glyco-Thymoline, Oz. II.
Aqua Rosarum, Ad. Q. S ,Oz. IV.
Misce et.
Sig. Dr. 1 every 3 hrs.
(For a child one year of age.)

Cholera Infantum.—A variety of acute catarrhal enteritis of intense severity, corresponding in symptoms and course to cholera morbus in the adult, but more serious in termination.

Prognosis in these cases is at best not very favorable, although recovery is not impossible.

Treatment of these cases is of quite a different nature from those above mentioned. In the first place the fever must be combated, and I know of no better method than a bath containing some Glyco-Thymoline, at about 80 degrees F., reduced by adding small pieces of ice to 70 or 65 degrees. Next, pain. To reduce pain, 100th of a grain of morphine sulphate can be administered to a child of one year. Stimulation with strychnia hypodermically, iced champagne to prevent vomiting, brandy, whiskey, and other stimulants.

One of the best methods for irrigating the large intestine is by introducing a small, soft catheter through the rectum and injecting into the bowel about a pint to a pint and a half of warm water containing about 25 per cent. of Glyco-Thymoline. This I find removes and prevents the re-accumulation of the fermentative as well as the putrefactive products of the bowel. Should, however, the hyperprexia continue, the douche may be given at a lower temperature. During convalescence great care must be taken in the feeding of the patient.

Acute Entero-Cholitis is an affection of inflammatory nature more severe than dyspeptic enteritis, chiefly of the ilium and colon, affecting especially the lymph follicles. This, like the preceding, is a disease of the hot months of summer, and the period of teething especially. It is produced by the same causes as dyspeptic diarrhoea. It is most frequent between the ages of 6 and 18 months. It likewise may be a termination of dyspeptic diarrhoea, or of cholera infantum.

Treatment.—The general surroundings and hygiene necessarily play an important part. The medical treatment, however, is somewhat different. Anodynes are more imperatively demanded because there is greater suffering, and depletion may be needed in the beginning, by

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salines, though good judgment is required, because the child's strength must be watched. The colon should be flushed with a solution of Glyco-Thymoline having a strength of 25 per cent. This I find answers admirably in these cases. The solution may be made with iced water. The coming teeth should likewise be watched and the gums be scarified whenever required.

I will supplement my remarks by adding a few of the many cases treated with Glyco-Thymoline, and leave results speak for themselves.

Case No. 1. M. K., aged eight months, male, was taken sick with severe vomiting and colicky pains at night. The vomits contained lumps of coagulated milk. The stools were very offensive and occurred at intervals of 20 minutes. I left a prescription for Glyco-Thymoline 2 oz., Bismuth sub-nitrate one drachm, rose water enough to make four ounces. I called the next morning and found but little improvement in my patient, and at once flushed out the bowel with a 25 per cent. aqueous solution of Glyco-Thymoline and continued the prescription given the night previous. This treatment was continued for three days, the patient steadily improving during that time. I recommended that the child be taken away from the city, which was done. I heard later from the parents that the child had not had a relapse, but made a speedy recovery.

Case No. 2. Mary C., aged seven and one-half months, was brought to my office, her little knees drawn up, a look of anguish on her face which was pale and drawn ,with eyes protruding. She had a number of watery discharges from the bowels, incessant vomiting, a temperature of 103 1-2, a rapid and feeble heart. A further examination of this poor little tot was unnecessary. Anodynes were at once administered to soothe the pain. I washed out the bowels with a 4 per cent solution of Glyco-Thymoline and administered the same in a 50 per cent. solution with peppermint water internally in doses of one teaspoonful repeated every two hours. The results in this case far exceeded my expectations. The child made a slow but successful recovery.

Case No. 3. L. P., male child, aged 16 months; was called to check the diarrhoea, which was of a serious character, having a tinge of blood. The vomiting was not of a severe nature, the only alarming symptoms the child showed were the intestinal ones. Three separate washings of the child's colon were made at intervals of six hours. The child's food was restricted to barley water; this case like the one preceding, made a perfect and speedy recovery.

Case No. 4. R. A., a little tot of the East Side, aged 13 months, brought up in one of the dark and dingy rooms of a tenement house; this poor little one was suffering for five days before my attention

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was called to the case. I found it in an emaciated condition, unable to move a limb; the bowel movements were frequent and watery; the little one was on the point of collapse; strychnia was administered hypodermically to stimulate the heart, after which diluted brandy was given every half hour. The colon was irrigated with 24 oz. of a 50 per cent. aqueous solution of Glyco-Thymoline; I had the child under my observation for two and one-half weeks, and with proper food and fresh air the child made a good recovery.

Case No. 5. M. M., a boy baby seven months of age, teething and causing all sorts of trouble for his parents, who were well-to-do. Was summoned to the house early one morning; found the little one vomiting quantities of curdled milk, and movements having a decidedly fetid odor. I tried most everything in this case and received but small relief by the use of Glyco-Thymoline. Upon careful investigation I found that the teeth were causing the trouble; the gums were then lanced, and the child's diet restricted; that is, the breast feedings were given at three hour intervals, and only lasting five minutes at a time. Glyco-Thymoline was kept up with perseverance, and with good nursing our little one soon got well.

COMMONWEALTH OF MASSACHUSETTS.

Middlesex, ss. Superior Court in Equity.

The M. J. Breitenbach Company, Complainant,

vs.

Henry Thayer & Company, Defendant.

DECREE.

The above entitled cause having come on to be heard, and a trial having been had, and the evidence offered by each party having been received and considered, and it appearing to the Court that the use of the wrapper and package employed by the defendant for its preparation of iron and manganese, as described in the Bill of Complaint, is calculated to deceive the public and enable the defendant s preparation to be passed off as the preparation of the Plaintiff, known as Gude's Pepto-Mangan, now after hearing Messrs. Paul & Barnard and Philip Carpenter, of counsel for the Complainant, and J. B. Manadier, for the Defendant, it is hereby

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ORDERED, ADJUDGED AND DECREED, that the Defendant, Henry Thayer & Company, its directors, officers, agents and servants, be and they hereby are enjoined from making or using in any way, the terra cotta colored wrapper with white letters thereon, and the package in connection therewith, heretofore used by the Defendant, for its preparation of iron and manganese, a specimen of which wrapper is annexed to the Bill of Complaint, and marked "B,' or any other wrapper or package therewith which imitates the wrapper used by the complainant, the J. M. Breitenbach Company, for its Gude's Pepto-Mangan, a specimen of which wrapper is annexed to the Bill of Complaint marked "A, and from selling or offering for sale any preparation of iron and manganese in any package or wrapper of a terra cotta color with white letters of the same style, shape and general arrangement as those of the aforesaid wrapper used by the Plaintiff, the M. J. Breitenbach Company, and from using the words "Peptonate-Manganese" on or in connection with such terra cotta colored wrappers with white letters of the same style, shape and general arrangement as those of exhibit "A."

And the Defendant is forthwith directed to deliver to the Plaintiff or its attorneys, to be destroyed, all the terra cotta colored wrappers and packages aforesaid like the said exhibit "B,' which the Defendant now has on hand or in stock or under its control in any way.

AND IT IS FURTHER ORDERED, ADJUDGED AND DECREED, that the Defendant, Henry Thayer & Company, account to the Plaintiff, the M. J. Breitenbach Company, for all profits which the said Defendant has made from the sales of said preparation in its said wrapper and package, and for all profits which the Plaintiff would have made in the sales of its Gude's Pepto-Mangan but for the use made by the Defendant of its said wrapper and package, and also for the damages to the reputation and standing of the Plaintiff s said preparation, known as Gude's Pepto-Mangan, by reason of the said use by the Defendant of its said packages and wrappers, and of its preparation therein contained, and for the damages otherwise sustained by the Plaintiff by reason of the matters charged in the Complaint.

AND IT IS ORDERED, ADJUDGED AND DECREED that the Plaintiff recover of the Defendant the costs of this action.

By the Court,

A true copy. Attest: Theo. C. Hurd, Clerk.

(Signed) Theo. C. Hurd, Clerk.

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Editorial.

JNO. C. LeGRANDE, M. D.,.....Editor and Prop.

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We cannot promise to furnish back numbers.

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The editor is not responsible for views expressed by contributors.

All communications should be addressed to THE ALABAMA MEDICAL JOURNAL, Birmingham, Ala.

Ten Days on Lookout Mountain.

For many years the pleasure seeker and the lover of nature and history has found his dreams realized on Lookout Mountain. There on those heights of beauty and grandeur are monuments that will live while time shall last.

Standing on one majestic rock, looking out over the broad expanse of river and forests, which seem from this great height to be but a small rivulet and miniature trees, then turning back to read tablets of history or famous battle grounds, it is not strange that one exclaimed, "What God hath wrought, what man hath braved!"

To this famous spot come tourists from all parts of the world—from over the waters, as well as from every corner of our own land. Often on the old battle field stand veterans of both the North and the South—the blue and gray—clasping hands in brotherhood now, where once as foes they made eternal history. No spot, perhaps,

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attracts a greater number or variety of people than does Lookout Mountain.

Lookout Inn is a magnificent structure, of rare architectural beauty, elegant parlors, halls, and bedrooms. Every comfort and modern convenience is found here, and the service cannot be excelled. Managed by people of vast and varied experience, genial temperament and business ability, Lookout Inn affords not only physical comfort, but every social pleasure as well. Superior in every appointment, with ready and willing service at all times, friction, that most undesirable of all elements in resort hotels, is not found in Lookout Inn. Delightful breezes, a temperature many degrees lower than that of the surrounding country, scenery unexcelled in magnificence, monuments of history, genial associations, every physical comfort—all these are to be found on Lookout Mountain. He who has not spent weeks of his vacation on this famous spot should go at once. He who has done so will go again.

The Code of Ethics.

The Jefferson County Medical Society is at this writing agitating a question equal to that of a "Filtration Plant." It is always unpleasant for medical men to deal with ethical questions, yet it at times becomes absolutely necessary; and while the medical profession is conservative and liberal, and we may say, lenient and forgiving, but when confronted with a plain violation of the rules of the Code of Ethics, there has always been and will continue to be a stubborn effort made to maintain a high standard on ethical questions. There should be no fear of public sentiment when questions of ethics are to be considered.

The fact is the public fails to appreciate and can never understand the deep underlined principle which actuates the better element in the medical profession in standing by and maintaining the Code of Ethics and there is but one thing which every honest doctor can do, and that is to be honest with himself, sincere in his treatment of his colleagues, and take results. All questions of this character will result in a higher appreciation of the medical profession when those in authority or those who have the responsibility of executing the law are controlled not by prejudice, but by a conservative appreciation of right to all men, and especially to the members of the medical profession. It is a comfort to any physician who has the consciousness of observing to the best of his ability the spirit as well as the written letter of the Code.

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Medicine and Matrimony.

The British Medical Journal discusses a very interesting and important subject, which is commented on by the Atlanta Medical Record of Medicine, setting forth Dr. J. M. Emmert's conclusions on this important subject, which are as follows:

"In his address on State Medicine, delivered at the annual meeting of the American Medical Association held a few weeks ago at Saratoga Springs, Dr. J. M. Emmert put forward a comprehensive program of reform for the physical betterment of the people of the United States. In that program he includes the medical regulation of marriage. He contends that the State should prohibit the marriage of blood relations up to the second degree, and that all of either sex affected with either congenital or acquired specific or infectious disease, such as venereal or pulmonary affections, confirmed drunkards, criminals, anarchists, and degenerates, should be prevented from entering the estate of matrimony. He insists that every applicant for a marriage license should present a certificate from a medical examiner appointed for the purpose, stating that he is free from any disease that would interfere with procreation or be injurious to offspring.

This is not the first time that the legislative restriction of marriage in the interest of the public health has been before the American Medical Association. It was freely discussed at the annual meeting of that body in 1900, and there was a remarkable unanimity of opinion among those who took part in the discussion in favor of some form of State regulation of marriage. Before that time the Senate of the State of North Dakota had taken the lead in the direction indicated by passing in 1899 the Creed Bill, which provides that licenses to marry are to be given only to such applicants as present a certificate from a board of examining physicians stating that they are free from venereal disease, epilepsy, hereditary insanity and tuberculosis, and that they are not habitual drunkards. The Tri-State Medical Society of Tennessee, Alabama and Georgia not long ago urged the necessity of legislation for the regulation of marriage in these states. America is a pioneer of sociological experiments, and since then bills similar in scope have been introduced into the Legislatures of Minnesota, Wisconsin, Michigan, Colorado, and several other states. In Europe a bill making it necessary for candidates for matrimony to procure a medical certificate of physical and mental capacity was introduced some time ago into the Bohemian Reichsrath on the initiative of the Bohemian Medical Society. A year or two ago Professor Hegar suggested that the German Parliament should pass a similar enactment, and Professor Pinard lately invited the Acasemie de Medicine

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to express an opinion in the same sense. The prohibition of marriage to sufferers from tuberculosis was urged on the attention of governments and statesmen by the Tuberculosis Congress held at Naples in 1899.

All this indicates the beginning of a movement on the part of the medical profession in different countries to induce governments to grapple with what is undoubtedly, from the sociological point of view, a most important question. So far little progress has been made. Statesmen are for the most part profoundly indifferent, and it is hardly to be expected that the public should at this stage take the matter seriously. That it is desirable in the interest of society that the physically and mentally "unfit" should not beget offspring to whom they may transmit their deficiencies is, as an academic proposition, undeniable. But to attempt to secure this desirable end by 'force majeure' would be not only tyrannous, but, we believe, futile. Even if to satisfy the sentiment of scientific reformers, laws or the prevention of the marriage of the unfit were passed, it is difficult to see how they could be enforced. You may expel nature with the fork of the law—'tamen usque recurret.' Love, which is stronger than death, will have an easy victory over the law.

The only practical result of the prohibition of marriage to the diseased and the degenerate would be the increase of concubinage; the birth rate of the unfit would not be appreciably decreased, and they would have the added brand of illegitimacy to make the struggle of life harder for them. What right has society, for no better end than the physical perfection of the breed, to inflict on persons guilty of nothing but a diseased inheritance, a disability which makes a life overshadowed by ill health still gloomier?

Doubtless we have the right to protect ourselves and those under our charge against the physical and often moral wreck that follows marriage with a person actually diseased or of unhealthy stock. We should gladly welcome any attempt to deter persons so tainted from inflicting upon unsuspecting victims the terrible injury of a union with them. But we deprecate grandmotherly legislation for the preservation of the human species as not only essentially selfish in itself, but as distinctly antisocial in its tendency and probable results.

After all, even with all the assistance of the survival of the unfit given by modern sanitary improvement and humanitarian effort, they cannot escape the doom of natural extinction for more than a generation or two. If we are to admit the doctrine that society is justified by the law of self-preservation in purging itself of the unfit the simpler plan would be to revert to the barbarism of ancient peoples, who

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solved the problem by destroying them in infancy. This method is at once more effectual and more humane than condemning them to a life of isolation from their kind and exclusion from the chief solace and support against the ills of life to which every human being born into the world has a natural right. In the interest of society itself it might not be altogether wise to drive a large body of unfortunates, who carry in their very constitution the capacity of infinite mischief, into active revolt.

The true mission of the medical profession in this matter is not to promote legislation which is almost certain to defeat its own purpose, but to instruct the public in the dangers, both to the individual and to the community, of unwholesome marriages. The education of the public mind in the practical aspects of a question in which all members not only of the nation and the race, but of the human family, are directly interested would, although the process must needs be slow, make laws for the medical regulation of marriage unnecessary.

MANAGEMENT OF THE ANESTHETIC IN OPERATIONS ON THE RESPIRATORY TRACT.

In operations about the nose and mouth the management of the anesthetic has always been unsatisfactory, says Mosher (Boston Medical and Surgical Journal, Jan. 23, 1902), the reason being that in using a cone or an inhaler, the etherizing and the operation cannot be carried on together.

Mosher believes that the apparatus of Fillebrown and Rogers obviates this difficulty, nor is this apparatus untried, it having been used in cleft palate operations for the last three or four years.

The etherizing is accomplished by playing a stream of ether vapor over the patient's mouth. A water-bath keeps the ether from freezing in the bottle in which it is vaporized, and the ether is forced through the tube and into the patient's mouth by a bellows. A valve in the stopper of the ether bottle gives the etherizer a simple method of administering any strength of ether and air desired. A shielded alcohol lamp keeps the bath warm.

It has been abundantly proved that chloroform is dangerous in adenoid cases or in cases where much mucus is developed. Less vomiting follows if gas is used to start with, and the patient does not seem to get so saturated with ether afterwards, and comes out sooner.

In the matter of position, the point to be aimed at is to get the light on the part which is being worked upon. The upright position accomplishes this best. There is less bleeding. The head can be bent

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back and turned to the side so as to show either tonsil, as required. If the head is regularly tipped forward the blood will run out of the nose and the mouth instead of down into the throat.

As to holding the patient, the arm of the nurse should lie in the bend of the child's hips. If the patient is anything more than a baby, a nurse can be dispensed with for holding; the assistant puts his left leg in the chair back of the patient, grasps the patient's hair and holds the head against his knee.

In all the more extensive operations it is well to have the etherizer free to confine himself to the ether alone.

Moshr remarks that those who give atropine as a routine measure before operating to prevent the formation of mucus would seem justified in this, from the fact that atropine has prevented death in the case of animals subjected to rough manipulation in the pharynx or upper larynx.—The Therapeutic Gazette.

BEST NURSES WANTED.

Private nursing should be done only by the best nurses. A nurse who has never before known what it is to have no one in authority over her, to whom she may flee in an emergency, finds herself alone, maybe, in the country, miles from a doctor. The patient's life may depend upon her competence to act promptly. She may find herself with a cantankerous old patient, who can be managed by no one who has not an immense amount of power of inspiring confidence. She has to know when it is necessary to summon medical aid, how to calm the nerves of anxious friends, who would wear the doctor out with ceaseless calls upon his time and patience unless the nurse had enough knowledge and assurance to allay their fears. She must know how to walk into a disordered household and restore order out of chaos. Possibly the head of the household has had a stroke. The family is distracted, the servants are weeping. A quiet, calm nurse, with a full knowledge of the gravity of the case, steps in, and order reigns again. She must, as far as her own self is concerned, be a cipher in the house where she is nursing, and it takes a well-disciplined and a good woman to accomplish that. She must realize that she enters a house to nurse back to health one who is sick. She must sink herself into oblivion, and be prepared to be just what that particular household requires her to be. There are many other qualifications necessary, but these seem to be the most salient, and when we look them over does it not seem ridiculous to expect all this of a half-trained woman or of one who cannot succeed in other walks of her profession?—London Hospital.

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Miscellaneous Notes.

NEW ORLEANS POLYCLINIC

Sixteenth annual session opens November 3, 1902, and closes May 30, 1903. Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery. The specialties are fully taught, including laboratory work. For further information, address New Orleans Polyclinic, Post-office box 797, New Orleans, La.

Dr. B. L. Wyman is in New York for a few days.

Dr. Lewis C. Morris of this city has returned from a six weeks stay at Johns Hopkins.

Dr. Edgar A. Jones, of Birmingham, Ala., is spending a few weeks in Baltimore, Philadelphia and New York.

Out of 120 candidates for appointment as assistant surgeon in the army, only eighteen passed the examinations which were recently held.

Dr. W. Osler, of Boston, has been honored by Trinity University, of Toronto, with the honorary degree of Doctor of Civil Law.—Ex.

We are gratified to learn that our friend, Dr. Cunningham Wilson, who has been confined to his home for the past six weeks with typhoid fever, is recovering.

New York City is preparing to build a very large floating bath house at the foot of East Twenty-third street. It will cost $200,000, and will furnish accommodations for 18,000 people.

Jane Toppan, the nurse of Lowell, Mass., has confessed to the killing by poison of thirty-one patients whom she had nursed. She has been pronounced insane, and has been sent to the asylum for life.—Ex.

The action of Celerina on the brain and nervous system is that of an exhilarant, relieving depressions, and lessening irritable nerve conditions. In cases of organic and functional lesions of the heart, an increased steadiness of pulse beat, and diminuition of pulse variation is apparent.

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The Birmingham Medical College which is being built on Avenue F., between 19th and 20th streets, will be completed by the first of October, 1902. This is a building and institution of which the medical profession of Birmingham have cause to feel proud.

The grand jury of Chicago has reversed the finding of the coroner's jury in the case of the fire at St. Luke's Hospital, which destroyed the lives of twelve peeople. The coroner's jury found the hospital authorities negligent. The grand jury finds that everything possible was done to save the lives of the patients.—Ex.

The Copeland-Berry Private Infirmary has been enlarged and in many ways improved. Five new rooms have been added to the already large building. The building is supplied with electric fans, electric lights, etc., a new furnace, new and up-to-date sterilizers; everything have been added for the convenience and comfort of patients, and ready for successful work.

The Tri-State Medical Society of Alabama, Georgia and Tennessee, will convene in this city October 7, 1902. Judging from the preliminary program there will be a large number of interesting papers which will be read and discussed at this meeting. The Society will be in session three days, and the medical profession of Alabama is especially invited to attend the meeting and take part in its proceedings.

"It is necessary to prevent, as far as possible, the great coagulating effect that the lab-ferment of the infant's gastric juice has upon the casein of cow's milk; and this is satisfactorily accomplished either by adding an alkili, such as lime water, or some mucilaginous material, such as barley water or Mellin's Food. In this way the casein curd is rendered loose and flocculent, and more like that of human milk."—"Diseases of Infancy"—J. W. Ballantyne, M. D.

Gen. William H. Forwood has succeeded General Sternberg as surgeon-general of the army. General Forwood was appointed assistant surgeon in the army in August, 1861. His services have been long and honorable, including the Civil War, Indian campaigns, the war with Spain, the insurrection in the Philippines, and the expedition in China. He was twice brevetted in the Civil War for faithful and meritorious services. His tenure of office will be short, as he will retire for age in September next.—Ex.

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Drs. Davis and Davis are making extensive improvements at their Infirmary. A new modern up-to-date operating room is being built and fitted up in accordance with the most improved and modern requirements, and a number of new rooms are being built and arranged for the accommodation of patients. When completed they will have one of the largest and most complete private Infirmaries in the South

In a private letter received from Dr. L. G. Woodson, who has been spending several months in Paris, London, and other important medical centres of the old country, we are pleased to learn that his trip abroad has in every way been satisfactory to himself, and judging from the large opportunities which he has had to see the best medical men of the old country and their work certainly must have been a source of much gratification as well as advantage to Dr. Woodson. We are glad to know that the doctor has had a pleasant, satisfactory and profitable trip, and that he will reach home about September the first.

We are just in receipt of volume number one of the "American Gynecology," edited by Charles Jewett, M.D., of New York. Aside from five assistant editors, we note that there are fifty-seven distinguished gynecologists as collaborators. Prominently in this number is our friend, Dr. W. E. B. Davis, of Birmingham, Ala., and Dr. W. D. Haggard ,Jr., of Nashville, Tenn.

The first number of this Journal contains a number of important original articles by leading writers of this country.

The print and make-up of the Journal and the illustrations are in every way first-class. We are glad to place this excellent Journal on our exchange list, and wish for it the greatest degree of success.

A STUDY OF TWENTIETH CENTURY SUCCESS.

In an interesting article with the above caption, Prof. E. G. Dexter[1] has presented a study of how the men and women, who in the opening year of the twentieth century are prominently in the public eye, achieved the success in their various vocations which has placed them there. As a basis for this study he has made use of "Who's Who in America" for 1900? This volume contains the names of 8,602 persons, each of whom has attained a degree of eminence before the public.

It was found that the probability of achieving eminence was in-

1. Popular Science Monthly, July, 1902.

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creased more than 5.6 times by a college education, but Dexter does not attribute this advantage entirely to the direct educational effect of such a training, but, to a considerable extent, to the selective influence of the course.

As to the age at which eminence may be reached, he finds that in those callings which presuppose a professional or, at least, an extended preparation, that of scientist seems to promise the earliest recognition. This is perhaps due to the fact that the scientist enters on his lifework with a more complete intellectual equipment than most others, and that during the period of preparation opportunities are offered for research and original investigation which may bring renown before his real lifework is begun. Recognition comes earlier to the physician than to the lawyer or clergyman, because in many cases the same conditions apply to him as to the scientist.

It is of interest to note that the "banner professions," so far as educational accomplishments are concerned, are those of college instructor and medicine. Of the eminent medical men, mentioned in "Who's Who," 42 per cent. have received academic degrees (honorary degrees are not included), while only 6 per cent. have had elementary education alone. Only 7.5 per cent. of the medical students of the country according to the Commissioner of Education, have academic degrees. This would indicate that the probabilities of a physician attaining prominence is nearly six times greater if he has a college training. Dexter considers that it is as scientist and producer, and not as a practitioner of medicine, that the physician is most largely aided by such a training. He also believes that the scientific societies of physicians undoubtedly stimulate more of their members to original research and investigation than do similar organizations among clergymen and lawyers, and it is here that broader training would count for most.

In marked contrast to the medical profession, 40 per cent. of eminent lawyers and 24 per cent. of eminent clergymen have had neither professional training nor academic instruction beyond the high school. Thus, of the three generally recognized learned professions, the medical leads in the breadth and perfection of its educational preparations. If it has been true in the past that eminence in medicine has usually required exceptional general and special education for its attainment, it will be even more so in the future, as the work of the physician, not only as an original worker and investigator, but also as a practitioner, is constantly approaching more nearly that of a pure scientist.—Journal of American Medical Association.

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THE ALABAMA
MEDICAL JOURNAL.

VOL. 14. SEPTEMBER, 1902. NO. 10

Original Communications.

THE IMPORTANCE OF THE EARLY DIAGNOSIS OF HIP DISEASE.*

By WM. T. BERRY, B.S., M.D.,

BIRMINGHAM, ALA.

In response to an invitation from the President of this Society, I will present for your consideration and discussion this evening a few facts bearing upon the symptomatology of hip disease.

Hip disease is a term now limited in its application to a tuberculous ostitis of the head of the femur, rarely primarily of the acetabulum or synovial membrane, and extending by contiguity to involve all the joint structures.

The symptoms are so varying with the different clinical types of the disease that they had best be considered separately and relatively in the order of their appearance and aid in diagnosis. In cases beginning insiduously lameness is noticed by the parents before the child begins to complain of any discomfort. The limp may disappear after two or three weeks to return after a varying interval up to three months.

Usually, however, it is slowly progressive until a marked degree of disability exists; as the limp increases there begins a certain stiffness, or restriction of motion, which causes the step to be shorter on the affected side and this restriction is due to reflex muscular spasm. This is an involuntary contraction of the muscles which resists motion when a position is reached which causes joint irritation. It holds the joint firm, causing the pelvis to move with the limb. Though present in all

*Read before the Jefferson County Medical Society.

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forms of joint inflamation, its catchy character and persistence are the strongest points in the diagnosis of hip disease.

In cases beginning more acutely or in those further advanced, this element firmly holds the limb and all motion is restricted. Even then upon manipulation, which should always be undertaken with greatest gentleness, the sharp, quick action of the muscles is elicited.

The two motions liable to be first restricted are hyperextension and rotation. Hyperextension is tested with the patient lying face downward and the knee should normally be free to move upward through an arc of 20°.

During any manipulation one hand should steady the pelvis, motion of which causes false motion of the limb, will then be quickly detected.

Among the early symptoms is atrophy of the affected limb. This is partly due to trophoneurotic disturbance but likely in greater part to disease. The thigh is always more affected than the calf. The thighs are measured by taking a point on each side at the same distance from the corresponding anterior-superior spines while the knee and calf are measured at their largest circumference. Gluteal atrophy is made evident by prominence of the trochanter.

Shortening of the limb is usually present after the early months and gradually increases.

But very little shortening is the result of bone destruction. bone atrophy and migration of the acetabulum accounting for the major part. The obliquity of the neck of the femur and the fact that almost all the growth of the femur is derived from the lower epiphesis readily explains how small is the effect o slight bone destruction.

The foot always shares in the atrophic process, being much shorter than its fellow in the late stages. In mild cases in which the epiphesis is simply congested and not destroyed its increased activity may produce a small amount of lengthening. Night cries occur only when the disease is moderately severe and are more frequent during the early part of the night. The vigilance of the muscles is not so acute owing to complete inaction, and a slight movement causes them to resume their watch contract sharply and force the diseased parts together, thus causing pain.

In the milder cases the child cries out quickly but does not always awaken.

If the process is very acute the pain may continue for five or ten minutes. The essential character is that it is produced suddenly and has the note of pain.

Night cries signify joint pain, but under conditions of non-protection and are always referred to the joint.

The typical pain of early hip disease is at the knee usually at the

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inner side. This is explained by the fact that both joints have the same nerve and the pain is reflected or is reflex in character.

Sometimes it is quite severe and causes the knee to be the object of treatment until the local signs become more marked. It should be insisted upon as a routine measure to examine the entire limb if there is pain in any part, and it may be well at this point to emphasize the importance of removing all the clothing whenever the child complains of any defect of locomotion. The seat of the disease may be anywhere from the foot to the brain and in more than a single location. An incomplete examination is very often fruitful of serious and in great part preventable disability or deformity.

Local pain never begins until the process extends from the bone to the joint-structures. If the joint is protected and pain is progressive and persistent it most often signifes joint effusion or burrowing of an extra-articular abscess. Fever is not present early unless the case is one of the rapidly destructive type resembling an infectious process when it may reach 104°-105°F. Ordinarily the evening rectal temperature is about 100° F. Even abscess formation very often produces but little rise of temperature. Open sinuses cause more fever than a closed abscess. Changes in the illio-femoral and illio-gluteal folds are simple sequences of the attitude of the limb.

Hip disease is usually divided into three stages according to deformity. This may be possible in untreated cases but treatment causes various conditions. To determine the amount of deformity the patient lies on the table with the symphysis pubis, umbilicus and supra-sternal notch in the same line and with the pelvis level at right angles to this line. Then if the lumbar spine is arched raise the limb until the back is in contact with the table and the position then occupied by the limb represents its distortion. The usual position in a painless case is abduction, flexion and outward rotation or the position of the rest. If the process is acute and painful the limb assumes the position of greatest protection which is adduction. flexion and inward rotation.

Under treatment almost any position may be produced according to the lines of pressure and traction employed. Patients recover with any of the distortions but most severe or neglected cases have adduction and flexion. This is easily explained mechanically. If muscular spasm has been marked intrajoint pressure will have been great and the part most affected by the pressure is the upper rim of the acetabulum. This becomes worn away and absorbed until the socket is above and behind its former site. It is now a dorsal dislocation and presents the typical deformity with exaggerated adduction due to total or partial loss of the head of the bone. The muscles become

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structurally shortened and make the deformity more resistant. Thus deformity is something against which we should direct the treatment as well as subsidence of the inflamation. Comparatively late the trochanter is found above Nelaton's line, but this is due in slight degree only to bone destruction. It is mostly due to migration of the acetabulum just considered.

An abscess may be present early in the acute form but only after some months, if at all, in the milder cases.

Secondary accumulation of pus may occur, which is nearly always due to poor drainage or mixed infection through the previous sinus tracts.

When looking for fluctuation we should never omit to turn the patient face downward and palpate just behind the trochanter where a fullness sometimes can be felt even beore the capsule has ruptured.

When an abscess points in the adductor region or above the crest of the illium it is strongly indicative that the acetabulum is perforated

Of the group of symptoms the earlier are the ones upon which we must formulate our opinions.

To recapitulate briefly these earlier ones are the limp perhaps intermittent or may be gradually progressive; increasing stiffness or restriction of motion due to reflex muscular spasm by all means the most important symptom.

Pain usually referred to the inner side of the knee. Early atrophy of the muscles of the limb; night cries, postural deformity of the limb, and, perhaps, early shortening.

ECTOPIC GESTATION.*

By WYATT HEFLIN, M.D.,

BIRMINGHAM, ALA.

When the impregnated ovum is arrested and developed outside of the uterine cavity, such a conception is designated as Ectopic Gestation.

When such an unfortunate state of affairs exists, it is due to the fact that the generative apparatus is out of gear. LeCoste declared extra-uterine pregnancy to be peculiar to women, but Adams, (Boston Medical Journal, 1873 has met with extra uterine conception in a deer. It has also been observed in a bitch, cow, sheep and horse. (Campbell's Memoir, Page 3).

Among the factors which lead to the arrest and development of the fecundated ovum in erratic pregnancy are moral and mental influences. Mechanical obstruction of the Tubes, such as polypi, desquamative salpingitis pressure from the outside encroaching upon

*Read before the Alabama Medical Association, April, 1902.

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and obliterating the caliber of the tube and uterine displacements.

Astruc believed ectopic gestation to be more frequent among widows and young girls indulging in hymeneal pleasures than it is among married women. "Cavasse says it is a singular fact that more single women labor under erratic pregnancy than married. Ramsbotham and Burdock were of this opinion also. According to Parry, age does not seem to exert much influence in causing this accident. Of the five hundred cases of ectopic gestation analyzed by him, he found the youngest fourteen years of age and the eldest forty-seven at the time of conception occurred. Misplaced conception is liable to occur at any time during the child-bearing period, but it is more likely to happen after twenty and the liability increases up to thirty years of age.

It is asserted by some writers that the fimbrated end of the tube grasps the ovary during ovulation.

There are two theories as to how and where fertilization takes place. One is that the spermatazoa traverses the uterus then through the tube to the ovary. There impregnation of an ovum is consummated and the fecundated ovum is then passed through the oviduct by the ciliary epithelial lining of the fallopian tube to the uterine cavity where it attaches itself and is developed.

The theory adhered to by Lawson Tait and Locwenthal is: that the ovum is passed from the ovary by the ciliary bodies lining the tube, aided by the vermiform movements of the oviduct on to the uterus where it is met and fertilized by the spermatazoa which are endowed with independent powers of motion. This ciliary wave or motion is always in the direction of the uterus and serves as a sleepless sentinel guarding the entrance of the tube against the invasion of the "Spermatazoa" (Lawson Tait, E. U. P.)

A "Spermatazoon" is about 1-500 of an inch in length and possesses a power of motion variously estimated; according to Henle its own length in a second; one inch in seven and one half minute. J. Marion Sims says it can travel from the hymen to the neck of the womb in three hours. Tait claims that if the tube is deprived of the ciliary epithelial lining by desquamative salipingitis or what-not, then the spermatazoa are free to enter the tube just so far as the ciliary bodies are destroyed and there wait for and impregnate the ovum. The fecundated ovum attaches itself to the walls of the oviduct and tubal gestation is the result. Dr. Griffith, of St. Bartholomew's Hospital. has worked out and proven that desquamative salipingitis exists and thoroughly agrees with Tait in his conclusions in regard to this trouble. In two cases of tubal gestation examined by Prochownik he found a gonorrhoeal history in three cases, and in one of these cases there was acute gonorrhoeal affection of the pregnant tube.

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Moskowicz found in one case tuberculosis was the etiological factor and in another, gonococci and staphycococci were present in the pyosalphinx of the now pregnant tube.

Dr. Howard A. Kelley says, "Although at first sight a 'Migration' (?) of the ovum appears difficult to explain, my observations at the operating table lead me to believe that it may be of tolerable frequent occurrence under ordinary conditions, for I have repeatedly found tubes and ovaries lying low down behind the uterus with the fimbrated extremity of the right tube in contact with the left ovary and vice-versa. In one instance I removed the diseased ovary on one side, the diseased tube on the other, leaving behind only the right tube, the left ovary. Pregnancy occurred a short time afterwards and the patient was delivered at term. At a later period extra-uterine pregnancy occurred and I was obliged to remove the remaining tube. "The corpus lutem is formed the same in erratic gestation as in normal pregnancy and has been found in the ovary on the opposite side from the gravid cyst. When this strange thing occurs Oldham says "The tube of the opposite side and the one in which the ovum is finally developed reaches entirely across the pelvic cavity and grasps the ovary from which the geni is liberated. Farre saw in the anatomical museum of Cambridge, a pathological specimen in which both tubes are simultaneously grasping the same ovary to which they have been attached by adhesion. In a case of combined tubal gestation and uterine pregnancy reported by Sager he says that both corpora lutea were found in the right ovary while the gravid cyst was found in the left tube. The right tube was normal except its fimbrated extremity was bound down by adhesions. Kussmaul has asserted that it is not necessary for the fimbrated extremity and the ovary to be brought together in order that the tube should receive the ovule." He believes that the germ has to traverse a portion of the peritoneal cavity in order to reach the oviduct. If the fimbrated extremity of the tube does not grasp the ovary during ovulation, how does the ovum get into the tube? Doubtless numerous ovules drop from the ovaries into the peritoneal cavity and are absorbed without the slightest disturbance to the health or well-being of the patient.

When hysterectomy is done and the normal ovaries left in situ there's no doubt that ovulation continues for M. Koeberle did an hysterectomy for fibroid leaving the ovaries and cervix; there was a fistula through the cervix communicating with the abdominal cavity through which spermatozoa passed and impregnation resulted. The pregnancy went to term, the patient dying undelivered.

The fallopian tube is capable of great distention. Peaslee reports a case of the tube dilated to such great extent that it contained thirty

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pounds of fluid. Mr. Lawson Tait saw a case in which there were thirteen or fourteen ounces of fluid in the tube.

It is a well established fact that rupture in tubal gestation is not due to the rapid distention of the tube, but to pathological changes. The Chorian villi are attached to and pierce the the mucous lining of the tube and encroaching on and weakening the muscular coat, thereby causing rupture. The site of the placental attachment has a great deal to do with determining the site of the rupture and the site of the rupture decides the fate of the foetus and often that of the mother. In 1889 Tuttle reported twelve authenticated cases of tubal pregnancy carried to term.

It is claimed by Tait that all extra-uterine pregnancies were originally tubal and that the varieties were determined by the site of development of the gravid cyst. If the ovum is arrested and developed in the fimbrated extremity of the tube it is ampula, if it is arrested and developed in the end of the tube containing uterine tissue it is interstital or tubo-uterine pregnancy. The interstitial variety is very rare. A. Martin only found one case in seventy-seven cases of ectopic gestation. Dr. Howard A. Kelley has never seen an interstitial or ovarian pregnancy. Greig Smith says "Most men are now agreed as to the truth of Tait's opinion, that all examples of extra-uterine pregnancy are in the beginning either wholly or partially fallopian. Schlechtendahl reported a case of primary abdominal pregnancy the gravid cyst being the size of the fist and containing a fetus fifteen centimeters long and was situated between intestinal loops which were adherent to the spleen. The tubes and uterus were normal. Kelley reports a case of pregnancy in the left rudimentary horn of the uterus in which rupture and death occurred; the specimen showed the corpus lutem was on the right side opposite to the pregnancy. The left tube was a solid cord and the only possible explanation of the location of the pregnancy was the migration of the ovum and spermatazoa out through the right side and over into the left by way of the abdominal cavity." (Operative Gynecology, Kelley).

It is now a little more than four hundred years ago since Nufer operated by the abdominal route for ectopic gestation, his operations were done in fifteen hundred and Christopher Bain operated in fifteen hundred and forty upon a suppurating extra-uterine gestation sac which was little more than opening an abscess. Primrose did a coeliotomy in 1594 for erratic pregnancy; his patient again became pregnant.

Tubal pregnancy was first recognized and described by Riolanus, Jr., in his Anthropographia published in 1649. He says that in the year 1640 he recognized tubal gestation in the body of a washer-woman in the service of Anne of Austria.

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In 1764 Dr. John Bard, of New York, operated for mis-placed conception; this was probably the first operation done in America for ectopic gestation.

In 1791 Dr. William Boynham, of Virginia, successfully removed by the abdominal route an ectopic gestation tumor and again in 1797 he operated by coeliotomy, his patient recovering. (Amer. System Gynoecology). McKnight operated for dead fetus in 1795 and Heim operated in 1813. In 1752 Bohmer described the tubal ovarian and abdominal forms of ectopic gestation and in 1801 Schmidt described interstitial pregnancy.

In 1813 Dr. John King,of Edisto, South Carolina, incised the walls of the vagina and delivered through the incision by means of the forceps and abdominal pressure a living child which had been carried to term extra-uterine, saving both mother and child. Dr. T. Galliard Thomas, ofNew York in 1874, by means of the galvanocautery knife cut through the vaginal walls and removed a three months fetus. Dr. Harper as long ago as 1849 suggested operative treatment for the early ruture of the ectopic gestation sac, but little attention was given to his appeal until 1866-7, when Dr. Stephen Rogers of New York also urged operative interference in these cases. "Up to October 26, 1887, Lawson Tait had operated for early pregnancy thirty-five times, with two deaths. (Greig Smith's Abdominal Surgery.)

Probably the first case of unruptured tubal gestation diagnosed and operated upon in America was done in March, 1886, by Dr. Howard A. Kelley at the Kensington in Philadelphia. The fetal tumor was delivered unruptured. The patient made a good recovery and was delivered at term of a living child by Dr. Kelley in Jan., 1887. A. Martin has shown that 76.7 per cent. out of the five hundred and fifteen cases of ectopic pregnancies recovered under operative treatment; in the hands of a good operator the mortality would not exceed five or six per cent

Lawson Tait, whose operations were done after rupture, had a mortality of little more than five per cent. "Dr. Harris, of Philadelphia, has collected a number of operations done for ectopic gestation with the results as follows: in 74 cases where the fetus was viable, there were nine recoveries, in the first 37 cases, and 28 recoveries in the second 37; and of one hundred cases where the fetus had died after the sixth month, there were twenty-three cases lost out of the first fifty and four out of the second fifty."

Martin found that 65 Multiparae were affected as compared with 20 nulliparae in 85 cases of erratic conceptions. In 100 cases of Kustners, only ten ectopic pregnancies occurred in multiparae; of the remaining 90 cases, 87 had borne children and three had aborted. In

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24 cases it had occurred five or more years after the last labor; in 55 cases from one to five years after; and in 8 cases in less than twelve months (Bandler. American Journal Obstetrics XLV. 1902).

Gebhart reports nine cases of estopic gestation occurring in either tube at the same time. "Fenger found two ova in the same tube and Sanger even found a case of triplets, two of which constituted an intramural twin ovum, while the third was lodged in the ampula."

Patelloni has collected 37 cases of ectopic gestation occurring simultaneously with uterine pregnancy. Tubal abortion is the expulsion of the gravid cyst through the fibrated end of the tube into the abnormal cavity and may occur at any time between the second and eighth week of gestation, but the most usual form of the tubal delivery of the misplaced conception is by rupture which may occur at any time between the second and eighteenth week of gestation.

The uterus in ectopic gestation is always enlarged and vascular, and up to the fifth month is usually one-third or one-fifth smaller than in an intra-uterine pregnancy of the same age. The enlargement continues after this stage of gestation, but at a less rapid rate. When rupture occurs if the fetus is destroyed the uterine growth is checked and involution follows, but if on the other hand the ovum continues to grow, the uterus does also, but not very rapidly, not measuring more than from four to six inches at full term. There is a decidua formed in the uterus in misplaced conception and when it is not found it is due to the fact that it has been thrown off. Great care should be exercised in the examination of tissues thrown off by the uterus, for in membranous endometritis where the membrane has been thrown off, might without miscropical examination be mistaken for a decidua. To Boehmerus belongs the credit of first discovering the fact that decidua formed in the uterus in ectopic gestation the same as in normal pregnancy. The decidua may be thrown off entire or in small parts at a time. This often occurs with pain and hemorrhage and may be mistaken for an abortion, especially where the decidua is expelled en masse. Virchow, Kiwisch and Oldham have demonstrated that no decidua occurs in the tube. They claim that this is due to the fact that there is no utricular glands in the mucous lining of the tubes, but Jewet says "That the formation of a decidua in the pregnant tube is now conceded by all competent observers. A number of my own cases have been examined for that purpose and a decidua has been invariably found. It has occasionally been found in the opposite and non-pregnant tube."

The difficulties of diagnosis before rupture are very great and so great an authority as Lawson Tait says, "No authentic description

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exists of an unruptured tubal pregnancy." In the early weeks or months of erratic pregnancy the subjective symptoms may be the same as those of normal pregnancy. The patient may suspect that she is pregnant or may not, there may be nausea and vomiting with amenorrhea and mamary changes. Metrorrhagia does not usually occur until rupture or impending rupture is imminent. Rupture is usually preceded by severe cramp-like pains in one or the other iliac regions accompanied by a discharge of deciduous membrane. "The pain becomes more and more severe as the hours advance; the woman presents a strange death-like appearance; she vomits as she lays on her back; the pulse disappears; the skin becomes clammy and cold and though she is clearly dying, there is no very distinct ground upon which you can make your diagnosis and until you can inquire into the history you can be positive of nothing but the pain. Such are the appearances of a woman who is suffering from a rupture of the more common form of ectopic gestation."

Pain in the abdomen of a woman always calls for a special examination and having a case with cramp-like pains and irregular menstruation, nausea and vomiting, syncope and shock, "be she wife, maid or widow, look out for ectopic pregnancy." The pain of a ruptured tubal gestation can only be mistaken for appendicitis, renal or biliary colic, intestinal obstruction or uterine abortion. The interstitial variety or tubo-uterine gestation is the most serious form of ectopic gestation. It gives rise to very few symptoms and where rupture occurs the woman soon bleeds to death within her own abdomen. Tait says, "It is unquestionably a catastrophe so terrible, that nothing can be compared with it short of a railway accident." If rupture occurs in the broad ligament the folds of the broad ligament prevent by the resistance very much hemorrhage; this form of rupture is designated as extra-peritoneal rupture. If the fetus is not destroyed the gestation may continue to term. There may be repeated hemorrhages and if the fetus is not destroyed by the first hemorrhage it usually perishes with the second. Occasionally the sac may break down and suppurate or there may be an intraligamentry hematocele. Upon vaginal examination a sensitive, painful tumor may be readily made out. which is contiguous to and connected with the uterus. When an interstitial pregnancy ruptures it is almost always into the peritoneal cavity and the hemorrhage is so profuse that death is almost immediate. The tear in this form of ectopic pregnancy according to Tait may be four or five inches long and extends often into the fundus of the uterus and the consequent hemorrhage is terrific. Nothing but hysterectomy could possibly be done and before the diagnosis could be made and operation performed the chances of recovery would have passed.

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Unfortunately the greater number of ectopic gestation are not seen until rupture occurs. The general practitioner is the one that is often called and he sometimes recognizes the condition at once. Appendicitis, biliary and renal colic, intestinal obstruction and abortion are about the only conditions that might be mistaken for ruptured tubal pregnancy.

The excruciating pain in connection with the collapsed anxious appearance of the patient, the thready pulse, syncope and pallor are sufficient for a diagnosis, even if there is no tumor or uterine enlargement perceptible.

Unfortunately defective clinical histories often make the diagnosis very difficult. Werth says, "That an extra-uterine pregnancy in the early months should be treated as a malignant growth." Kelley says, "That only from the seventh month of pregnancy, when the child is viable that it has any claims to consideration." Werth of course refers to unruptured ectopic gestation, the ruptured demanding immediate attention. The treatment of ectopic gestation consists first in making diagnosis and then operative interference. When shall we operate upon a ruptured ectopic gestation? As soon as a diagnosis is made. The patient's only hope of recovery lies in immediate abdominal section. Arrest of all bleeding by the ligation of blood vessels supplying the sac, its removal and the evacuation of the blood from the peritoneal cavity and through drainage. Often when the abdomen is opened the blood will rush out freely, the hand is introduced into the abdomen and the fundus of the uterus found and the tube traced to the rupture and all bleeding stopped.

The normal salt solution should be used either subcutaneously or direct into a vein, this is very valuable in collapse and is far superior to the hypodermatic administration of stimulants. If time will permit care should be taken to secure an absolutely aseptic condition of the field of operation, of the surgeon, assistants, dressings and instruments. The operation should be done as rapidly as possible consistent with good work and the minimum amount of anaesthetic used. Drainage is of the utmost importance and especially where there are a great many adhesions and the hemorrhage has been profuse. In old cases where there have been repeated hemorrhages with a well defined immovable mass, which can be felt through the vagina, vaginal incision and drainage is as good a plan as by the abdominal route, though I have seen this method fail and the abdomen had to be opened to arrest hemorrhage.

In advanced ectopic gestation operative interference should be delayed until a few days of term or until false labor pains begin, then the fetus with its sac should be, if possible, removed. It is not always possible to remove the placenta and the choice of methods in dealing

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with this condition of affairs will depend upon the experience of the operator and the condition of the patient. "It is sometimes necessary to cut the cord off short and stitch the sac wall to the abdominal wall, and drain the sac."

Dr. W. G. McDonald says, "Out of a large number of cases delivered at or about term, the most serious difficulty experienced was in relation to the placenta. Two plans have been suggested; its removal with multiple ligature and tying the cord close to the placenta, closing the abdomen in the hope that subsequent absorption will take place.

Both methods have succeeded and failed. A third plan has suggested itself to me; first, preliminary ligature of the ovarian and uterine artery on the side from which the placenta receives its blood supply; second, the placing of Mickulicz tampon of sterile gauze over the placenta establishing pressure atrophy; third, preliminary suture of the abdominal walls, the sutures to be tied after the removal of the tampon and placenta. Such a tampon may be safely left for three days, and then removed with the placenta and the sutures tied.

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TO WHAT EXTENT SHOULD PHYSICIANS SUPERVISE THE EDUCATION OF OUR BOYS AND GIRLS, WITH SPECIAL REFERENCE TO COLLEGE WORK?

By D. L. Wilkinson, A.B., M.D.,

(Physician for the Alabama Girls' Industrial School.)

Mr. President and Gentlemen of the Medical Societies of Clay, Calhoun, Shelby and Talladega counties:

Having devoted much time and attention to the study of this most important subject, and having had under observation and treatment

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during the past few years no less than 1700 college women, I feel that I can speak without being accused of pedantry.

In an oration on State Medicine, delivered at St. Paul before the American Medical Association, June 4-7, 1901, Dr. Geo. M. Kober (3) of Washington, D. C., said: "During the year ending June 30, 1900, there were 15,341,220 children enrolled in the common schools of our country. When we consider that the mental and physical vigor of a nation depends upon the environments of childhood and youth, it seems strange that up to within forty years ago little or no attention should have been paid to the hygiene of schools." In an editorial (9) in the Journal of the American Medical Association of Oct. 29, 1898, we find the following: "A committee appointed to investigate the public school buildings of one of our most progressive large cities reported over half of them defective and a fourth of them disgraceful. There ought to be a physician on every school board in every town of more than 2,000 inhabitants, as schoool physician, with salary enough to enable him to devote a substantial share of his time to the study and remedy of these conditions. Nor is this merely one of the 'ought to bes" of the Utopian future. Our most prominent educators are declaring that school hygiene is to be the burning question of the coming quarter century." Let us see what some of our celebrities have to say on this subject. Dr. Julius Norr (11), of Wisconsin, in an article read before the A. M. A. at St. Paul, says: "Mental and physical abnormalities exist in school children, and these abnormalities are always aggravated if indeed they are not produced by pedantic, pseudo-educational methods. Psychologically, mind is immaterial, but physiologically we are forced to the conclusion that sane thought and vigorous intellectual activity is possible only through the medium of brain cells that are well nourished and physiologically active. It appears therefore entirely reasonable and logical to conclude that all educational methods which ignore the physiologic evolution of the child are faulty and open to criticism from the physiologic and hygienic standpoint. As a matter of fact, we not only ignore the most obvious requirement of practical hygiene in our school curriculum, but we insist upon a uniformity of educational training which is physiologically as absurd as it is impossible of practical application." "Forty-four per cent. of the physically defective are mentally dull. These children imperatively demand special school training." Attention is called to this "to emphasize the practical value of regular, periodic, physiologic examination of school children. It was early shown by Dr. Sequin and others that a partial restoration the dormant nerve cells of the brain could be effected by the application of judicious training along the lines of primitive development." Dr. Ware

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has twice shown by taking a boy out of school and placing him under a private tutor for a period of three months each, that fully as much work was accomplished in two hours per day as in six hours at school. Dr. J. H. Carstens (8) of Detroit, in the Chairman's address before the recent session of the A. M. A. at Saratoga, said: "Take our school system. The children are stirred up to ambition, are urged to set their mark high, and all to become teachers, lawyers, ministers and physicians. They work after school hours, yes, work to twelve and one o'clock at night. They get up early in the morning to review their lessons before school hours, and the result is inevitable. If such a person be a female it is all the worse. The tremendous demands on the organism during the stage of rapid development, from childhood to womanhoood, requires that the strain on the brain by excessive study should certainly be lessened, especially so during the menstrual periods. There seems to be no provisions made in our schools for this." Dr. M. H. Hatfield of Chicago, says: "Our children are human dynamos with certain potential votage for each one, which votage cannot be increased by multiplying the switches or attaching more incandescent lamps. Every additional study is an attempt to attach another lamp on the child's intellectual circuit. Small wonder that a girl's dynamo which always runs at higher rate of speed than her brother's begins to sputter somewhere along the line." He quotes Prof. Coe as saying: "It is folly and worse than folly to assume maturity where maturity does not and cannot yet exist." "The result is overtaxation, worry, despondency, morbid conscience, bad temper, and heightened liability to sexual temptation." Omitting the last clause, we would substitute meurasthenia, Chorea, Hysteria and in some cases insanity. These troubles exist where no provision is made for rest for young women during the menstrual period, and where rivalry is very great. The writer remembers a case in point: A young lady class mate who was doing advanced work in chemistry; for four months she led the class, then the string snapped and she was sent home a chronic invalid from which condition she has never recovered. Dr. H. P. Newman (6), says: "This period (the period between childhood and womanhood), in which nature is concentrating all her energies upon the generative organs, and the establishment of their physiological functions is ordinarily that in which greatest demand is made upon the vital forces of the girl by the exigencies of our modern social and educational systems. Her mental and nervous forces are taxed to the utmost by the ambition of the study room and the transitions from grammar to high and normal schools; she is overworked by the addition of music and one or two languages to the already full curriculum. In a very large per cent. of American girls

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there is greater or less impairment of the menstrual function. Engelman's statistics covering all degrees of pain give as high as 73 per cent. of suffering at the monthly period and 50 per cent. of irregularities of all kinds." He concludes: "If mothers and educators could be made to realize how preventable are most of the diseases from which the rising generation of woman is doomed to suffer; if for instance they would reflect upon the fact that among the most prolific causes of gynecic disease are maldevelopment from imperfect hygiene at puberty, taking cold at the menstrual period and constipation, the season of girlhood would henceforth be brought much nearer nature's wise intention and would to a great extent cease to have its present significance to medical science." Dr. Arnold (5), of Boston, in the discussion of Dr. Ott's paper at Columbus, Ohio, says: "In November, 1894, we started a system of school inspection by physicians. The city was divided into fifty districts and one examiner was appointed for each district. A visit was made to the schools each day. During the first year 16,790 pupils were examined. 10,737 were found to be sick, 2,041 were sick enough to be sent home and 453 were found suffering with contagious diseases." Dr. E. G. Brackett (2) said: "Hertzel's investigation of 4,352 school children found in 3,141 boys 31 per cent. and in 1,211 girls 39 per cent., who had chronic disorders. By commissioners appointed in Sweden and Denmark it was found by one that of 17,595 boys 29 per cent. and of 11.646 girls 41 per cent., had chronic disorders. By the other, it was found that of 11,210 boys 44 per cent. and of 3,000 girls 61 per cent. came under the same class. It is note worthy this same report goes on to say that one-half of the girls were chronically ill in their thirteenth year. Upon entering school 20 per cent. were chronically ill, but the cause of illness rises rapidly after entering until the eighth year, when 25 per cent. were ill. The practical standard of school work is five hours a day and five days a week. The laws of Massachusetts have restricted the working hours of minors to about 8 1-2 hours per day as it deems that amount of physical work all that the developing child should be allowed to do. Yet we know that the recovery from mental fatigue is much slower than from physical.

Investigations also have shown that chronic disorders are especially frequent among children whose instructions extend over the whole day, and that the per cent. of disease is greater among those who go to school all day. than those who go in the morning only. It is a known fact that during the period of accelerated growth there is a noticeable diminution in the power to resist fatigue. The most important of these periods of growth, when the foundation of the health of woman is being laid, occurs at a time when excessive demands are

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often made upon her mental powers. Dr. W. R. Lovett (2), said: "It was found that there was an increase of 33 per cent. in the mistakes made by children in dictation tests given early in the morning and after four to five hours of recitation and study. The fact that the mental processes are impaired by continuous application in the third quarter of an hour of continued work is too important to be set aside easily. It is significant that Iguatieff found that 191 out of 242 children lost on the average of 3 1-2 during the examination period."

Investigating the number of girls who left school on account of health, Dr. Lovett found that ninety-four out of 1,938 left for that reason. In one school 4 per cent. left. The fact that in this selected class one girl in twenty leaves school on account of ill health is not to be overlooked. In one school of 200, 30 per cent. are reported as having habitual headaches, 15 per cent. as suffering from constipation and indigestion. He says: "I have not dwelt on the evil effects of examinations. The teachers are awake to it and many are minimizing these bad effects. One teacher gives no marks on examination except passed or failed; the anxiety to obtain higher marks than one's neighbor has gone and the girls have improved. At another school examinations are so arranged that no girl need take all her examinations during her menstruation." Dr. E. M. Massey (2). said: "The death rate of children out of school is slightly less than that of children in school." The rate is given in Boston as 6.1 per cent. in public schools, 2.5 per cent. in private schools and 4.9 per cent. in children not in school. Dr. Jane Kelley Sabine said: "Observation of 2,000 students in finishing schools and colleges gave the following tabulated results: 30 per cent. were either wearing glasses or given orders to have their eyes examined by a specialist; 6 per cent. showed defective hearing; 4 per cent. had flat foot; 5 per cent. had weak lungs; 4 per cent. had heart trouble; 2 per cent. had kidney disease. Menstrual difficulties were the most marked; 75 per cent. were found with irregularities dating from puberty; 60 per cent. had to give up from one-half to two days and 90 per cent. had leucorrhoea."

In the discussion: Dr. Worcester (2), said he had found children in the schools in the last stages of Phthisis. "I wish," he said, "I could formulate in words my feelings that there is frightful cruelty in the public schools in the competitive examinations. It is absolutely impossible or the woman to do herself any kind of credit at an examination held upon the first day of her menstruation. And before that function is fairly established, when it is attended by all sorts of trouble, it seems to me atrocious to think of little girls being forced to go through any competitive test at such a time. Dr. Reynolds (2),

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said, as a gynecologist, that "it seemed to him college bred women came to him in greater numbers than seemed to be due to the number of college bred women in the community. They almost always come suffering from an underdeveloped uterus, and obstructive dysmenorrhoea and a restless, unsettled nervous system." Dr. Francis Storrs, of Kansas, (1), gave us some good advice in 1894. He said: If it takes three years of constant study and clinical observation to fit a man to wait upon a woman in confinement and to faithfully discharge the few small duties nature has left undone at this time, how much longer ought it to take to fit that woman for her part in the preceding nine months, and for the responsibility which becomes hers at that time? What all women need as a preparation for their higher functions in life is a thorough training in anatomy and physiology. That training should begin at an early age in preparation for the advent of menstruation, the physiological import of which process should be made as clear as our best authorities can make it.

From 14 to 18 or 20, the aim of the young woman's training and education, in school and out, should be towards physical perfection. Systematic exercise in the gymnasuim and out of doors should be a daily certainty, and the full process of gestation and parturition with the development of the embryo and the growth and needs of the child should be unfolded in continuous instruction. When women turn their attention to acquiring physical fitness for motherhood there will be less demand for the professional gynecologist. He makes the point that women ater leaving college themselves feel that some very essential subjects have been omitted from the curriculum. He quotes Garrigue as saying: "Our girls are overeducated, especially in music, not overeducated, but educated in books too soon. Physical education must come first and there will be plenty of time afterwards for culture and art."

Beginning in 1899, Dr. W. S. Christopher (12, 13, 14), began a system of measurement of the public school children of Chicago. As a result of that work a department of Child Study and Pedagogic Investigation has been established, probably the first instance on record, according to Dr. Christopher, of a municipal board appropriating money for research work. As a result of the examination 2,537 boys and 3,099 girls, a close relationship was shown between the curves of physical endurance and lung capacity. It was further shown that at all ages girls exhibit less endurance than boys. He says the close correspondence between the curves of height, weight, strength of grip, and vital (lungs) capacity is very striking. He deducts from his analysis of 6,359 school children that "Unbalanced physical development is an important factor in the production of morbid manifes-

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tations. It is operative throughout the developmental period of life. It occurs with the greatest frequency at puberty and there finds it most marked expressions." His investigation confirms the statement of Dr. W. Townsend Porter, of St. Louis, who reported as the result of his examination of 33,500 school children that "There is a physical basis of precocity, that dull children are lighter and precocious children heavier than the average child, that mediocrity of mind is associated with mediocrity of physique."

These experiments of Dr. Christopher and the Board of Education of Chicago are most painstaking and thorough. I wish I had time to enter more into the detail of their work.

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(Continued in next issue.)

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INFLAMMATORY CONDITIONS OF THE VERMIFORM APPENDIX, WITH REPORT OF CASES.*

By W. T. HENDERSON, M.D.,

MOBILE, ALA.

While the subject of this paper covers a wide range of study, it is my purpose to cite only a few of the different types of the disease illustrated by as many cases.

From a clinical standpoint there is only one kind of appendicitis, as the several different conditions of the appendix found at operation may have been at first a simple attack of appendicular colic; later, catarrhal appendicitis, acute or chronic, and still later, perforation, suppuration or even gangrene may have taken place in the diseased organ. We should not overlook the possibility of the specific infections, and in my report of cases I will cite one case of tuberculous appendicitis which occurred in my practice. We may also have cases occurring in the course of acute infectious diseases, and I will report one case where the early symptoms of the disease were masked by an attack of la grippe.

There are several reasons why the vermiform process is particularly liable to disease. It is a relic of what was probably a large cecal pouch and the size of the lumen of the organ bears a direct ratio to the liability to disease, especially if the natural constriction of the proximal end known as the valve of Gerlach be unusually small.

Were the lumen larger, any slight catarrhal inflammation of the mucosa of the intestinal canal would not cause sufficient constriction of the appendix to produce obstruction.

With slight obstruction of the appendix comes appendicular colic. With continued apposition of the mucous walls of the organ while in the stage of congestion, comes ulceration, and following the ulceration is organic constriction, if healing takes place.

Then we have constriction at the point of exit of the appendix, the cavity filled with petrefactive and pyogenic bacteria as well as the b. coli communis, it is easy to understand how distension takes place. With distention we have pressure upon the blood vessels and so follows gangrene. Formerly, much stress was laid upon vascular disturbances as an important factor in the causation of appendicitis. While it is conceivable that thrombosis or embolism of the vessels might occur, and thus produce a necrosis of the structure, this form of primary arterial obstruction must be very rare. Breuer has shown that the artery of the appendix is not an end-artery, but that there are fairly effective anastomoses in all the coats of the organs.

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Endarteritis and peri-arteritis, considered by some to be the cause of necrosis, are not always present, and may when present, be due to previous inflammatory conditions.

Kinks and curvatures of the appendix have much to do with lowering the vitality of the tissue and rendering it a prey to the invasion of the ever present microbes.

This kind of succession of attacks lead to gangrenous appendicitis, and it is my purpose to report a case of this form of the disease.

Barring the specific infections. the kind of appendicitis depends upon the time of operation, and the effects upon the patient depends upon the capacity of the peritoneum to wall off the diseased portion, the virulence of the micro-organisms and the resistance of the tissues of the body to the absorption of their ptomaines

If you are interested in discovering the kind of appendicitis which your patient may be suffering from, I would advise you to open his abdomen and see. This is the only way to treat the disease scientifically, and while you have the organ exposed to view. incidentally you may remove it.

Case 1. F. G. White, carpenter, age 34, was first taken with abnominal pain in 1885, an abscess pointed in the right lumbar region; was opened by a competent surgeon who called it a "cold abscess." During the following six years he had several attacks and occasionally the sinus just above the crest of the ilium posteriorly would open. In 1891 he had osteomyelitis of the femur and an abscess pointed on the inner side of the thigh, three inches above the knee; he had repeated attacks of pain in the leg with discharge of pus for seven years. In February, 1898, his leg was opened; the diseased bone tissue removed and the cavity filled with bone chips. The parts healed by first intention, subsequently he had other slight attacks of pain in leg with discharge of pus. This, however. gradually healed with the administration of creosote. Occasionally he would have pain in region of the appendix and also in his right thigh which would rapidly disappear with the administration of creosote.

Fourteen months ago he suffered an attack of appendicitis with formation of abscess. The appendix was removed. the pus cavity drained and packed with iodoform gauze; he had an uneventful recovery with the exception of a fecal fistula which healed and the condition of the appendix lead me to pronounce it one of tuberculous infection.

Case 2. O. L. C., age 58 years. was first taken on Nov. 30, 1901, with a slight chill in the night. For one week he had every sympton of la grippe. cough, coryza, neuralgic pains in the head, neck and brachial regions, slight pain in the abdomen with no localization; pulse

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120, temperature at no time over 101. On the eighth day of attack. pulse 100. temperature 99 1-2. We discovered the tumor in the right iliac region with tenderness. Operation was immediately advised. and on the twelfth day following the initial chill his abdomen was opened and a large abscess evacuated; appendix had sloughed off.

The cavity was irrigated. a drainage tube was inserted. He made a good recovery.

Case 3. S. S. P., age 39, has had several attacks of appendicitis initiated by intestinal catarrh accompanied by catarrhal jaundice contracted while with the soldiers at Miami, Fla.

On Aug. 12th last he suffered a severe attack of pain in abdomen and came to my office with his hand held tightly over his appendix. He was sent home and ice applied, seidlitz powders given to produce a thorough evacuation of bowels. That evening his pulse was only 90 and his temperature 99, and I was of the opinion that this attack would pass off as others had previously under the same line of treatment. During the night he had a severe chill and at the morning visit found his temperature to be 103 1-2, pulse 120. He was immediately removed to the Providence Infirmary, an operation performed 12 hours after the beginning of attack. The appendix was found to be gangrenous and to contain pus; a drainage tube was inserted and the wound closed. He made a good recovery.

Drainage should be used wherever there is the least doubt of specific material being loose in the abdominal cavity. It is nice surgery to remove the diseased tissue and close the abdomen, but it does not always save the life of the patient, the primary object of the operation. and I do not consider an operation for appendicitis successful which does not save the life of the patient. No one doubts the truth of this assertion—a live man with a possibility of a hernia is better than the probability of a dead one without a hernia.

The surgeon should operate on all cases of appendicitis whenever and wherever seen. since an aseptic operation does not injure the patient. The brave surgeon should not stand back on account of public sentiment. or the fear of personal loss.

When the general practitioner reports 80 per cent. of recoveries of his cases treated on the expectant plan. it does not mean that he cures 80 per cent. of individuals. Very few individuals who have suffered severe attacks of appendicitis ever fully recover without operation. and in my opinion he who treats a patient on the expectant plan cannot expect good results. Give a patient time, expectancy and morphina and a large per cent. of your cases will die.

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A CASE OF CO-EXISTING INTRA AND EXTRA UTERINE PREGNANCY, ONE FETUS EXPELLED AT THIRD MONTH, THE OTHER REMOVED BY OPERATION THREE MONTHS LATER.*

By HARRY T. INGE, M.D.,

MOBILE, ALA.

Although a few instances of double pregnancy have been reported, in which only one fetus was contained in the uterus, the other being extra uterine, the condition must always prove interesting to the careful diagnostician and to the surgeon, and I feel, therefore, that no opology is required for asking your brief attention to the following case recently seen and operated upon by myself.

The patient was a very intelligent lady of good family, previously in sound health, no inherited weakness, married eleven years, the mother of one child, now seven years old and healthy; she had suffered some, but not excessively, from irregular and painful menstruation, was last unwell in July, but for two months thereafter, paid little attention to the absence of catamenial flow since she had previously missed her periods not infrequently. By September she began to suspect that she was pregnant, developing the usual symptoms of this condition, together with pain in the left side. This pain steadily increased, as the pregnancy advanced, until it culminated in violent abdominal cramps, and distressing pain, which, after three days, terminated in abortion. The fetus was well formed and in healthy condition, and was estimated by Dr. W. F. Betts, who attended the lady, to be about three months advanced. The husband of the lady, an unusually intelligent gentleman, also saw the fetus and described it to me, as being well developed in all respects.

Notwithstanding the expulsion of the fetus the abdominal pain continued with gradually increasing intensity, and the abdomen remained enlarged.

Dr. Andrew Jay, of Evergreen, and other physicians were called in, and after consultation a curettage was done by Dr. Betts, some pieces of placenta and decidual membrane being removed.

Relief, however, was still denied, and hypodermic injections of morphia were resorted to, to make life endurable, the amount reaching from 1 to 1 1-2 grains daily. In December, Dr. Green, of Chicago, who was visiting in Evergreen, was called in consultation, and made a prolonged examination under anesthesia. His opinion was that the

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lady was pregnant, but he regarded the fetus as being in the uterus; he failed to locate the os-uteri, and concluded that there was complete retroversion, and that surgical intervention would be needed to effect delivery.

The lady. suffering intensely, exhausted from pain. and almost in extremis, was then brought to Mobile by her husband and Dr. Andrew Jay, taken to the Inge-Bondurant Sanatorium. and the case placed in my hands. This was on January 20, three and a half months after the miscarriage.

Upon examination I found the abdomen enlarged to the size usual in a six month's pregnancy. On palpation a large firm tumor could be made out. a slight but perceptible sulcus extending across it from right to left. The tumor was immovable. Vaginal examination disclosed a hard tumor-like mass, the nature of which could not be exactly determined. The os-uteri could not be felt. Digital examination through the rectum showed the same tumor-like mass. but. in addition, the head of a well developed fetus could be distinctly made out, only the rectal wall and a thin membranous sac intervening. I at once diagnosed the case as one of ectopic pregnancy, notwithstanding the miscarriage of three months previous. and advised an immediate operation, this being readily agreed to by the patient and her husband, and its necessity fully concurred in by Dr. Jay. The lady was, however, so weak and reduced by long suffering, and the use of morphine ,that I explained to the husband the danger, that the wife might not survive the operation.

The patient was prepared and the next day, January 21, 1902; was placed on the table. Although the vaginal operation offers some advantage in these cases, I decided that, since the patient was not in the condition to stand loss of blood, shock, nor prolonged anesthesia. the abdominal route was in this case much to be preferred. Ether was administered, and well borne, an incision of the usual length, and in the median line was made, bringing into view a greatly enlarged uterus, so immovably adherent to surrounding structures that it could not be lifted through the opening. The incision was then enlarged to the ensiform cartilege. A fluctuating tumor could then be made out behind the uterus. this being quickly recognizable as the sac containing the misplaced fetus. Up to this point the patient had lost no blood, but knowing that so soon as the sac was broken, the hemorrhage would be great, I applied a pair of long clamps to each broad ligament, securing the uterine and ovarian arteries in the same clamp. The thin walled sac was then ruptured, and a living, healthy, perfectly developed infant of apparently six and a half months' growth, tak-

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en out. This infant breathed and moved fully for some minutes, and then died. The placenta was gotten out and still no hemorrhage, thanks to my clamps, which latter I dared not remove until the arteries were secured. The space to work in was small, but I succeeded in passing silk ligatures as far down as the broad ligaments, and cut down behind the clamps and ligatures. This, to some extent, relieved the immobility of the uterus which I was then enabled to lift up a few inches permitting the passage of other ligatures as far down as the internal os-uteri. The bladder was pulled up and dissected from the anterior wall of the uterus after the broad ligaments were completely severed, and both sets of uterine and ovarian arteries securely tied with silk. I was thus able to draw the uterus up and out of the pelvis, and then discovered that the posterior wall of the uterus formed the anterior wall of the fetal sac.

The uterus was now entirely removed, and immediately thereafter although with much difficulty, owing to the numerous and firm adhesions, the sac itself was removed. The anterior wall of the rectum was for a distance of three inches firmly adherent to the sac, so that in clearing away the latter, the wall of the rectum was denuded of peritoneum for several inches. The muscular coat being, however. in good condition, it was hoped that nature would successfully repair the injury. During the removal of the sac, pus was discovered coming from the left fallopian tube, so it was decided to remove both tubes and ovaries, which was done. The abdomen was well flushed out with a hot saline solution and closed with through and through silkworm gut sutures, down to the last two inches of the incision, which was left open for drainage. Being mindful that I might have trouble with the denuded rectum. I carried the gauze drain to that point.

During the operation the pulse ran up to 145, the respiration became rapid and shallow, necessitating saline transfusions, these being given by the rectum, median basillic vein of left arm and into the right breast all at the same time.

The operation consumed 55 minutes. The patient rallied after the transfusions, and was placed in bed with hot water bags around her. The details of treatment during the next three days are as follows:

At 12:30 p. m. close of operation, hypodermic of strychnine 1-30 gr. Digitalis 10 m. atropine gr. 1-150, whiskey. At 2 p. m.. pulse 140, respiration 35, hypodermic morphine 1-8 gr. Digitalis 15 m. ergot. 4 p m. pulse 130, respiration 29, temperature 98 1-5. 5 p. m. pulse 120, respiration 26, temperature 98. 5:30 p. m. catheterized. urine very bloody, heavy sediment. 5:45 p. m., sleeping, pulse 112, respiration 24. 6:30 p. m.. hypodermic strychnine gr. 1-60. 8 p. m., tem-

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perature 98.4, respiration 24, pulse 90. At 10 p. m. catheter used, first urine drawn bloody, last normal in color. 12 p. m., temperature 98.4, pulse 90, respiration 24, sleeping at intervals. At 5 a. m., temperature 98.4, pulse 90, respiration 21, morphia gr. 1-8, strychnine gr. 1-60, hot water in drachm doses given every half hour; sleeping at intervals.

Jan. 22d, 10 a. m., temperature 98.4, pulse 84, respiration 21, crushed ice given at short intervals, beginning at 3:30 p. m. Calomel 1-8 gr. every hour until one grain was taken. At 3 a. m., Jan. 23d, the bowels moved, a thin watery action. Her condition remained normal until Jan. 24th, I removed the gauze drainage. As everything looked clean the abdominal wound was closed. The patient continued to improve until 27th, when on dressing the abdomen, I detected a foul odor. On examination I found it was due to an escape of fecal matter through the opening left for drainage. I reopened the abdomen at once, washed out the cavity, and saw at a glance that there was a clean canal from the external abdominal opening down to where the rectum had been denuded of peritoneum, and that here the rectal wall had sloughed, and a perforation into the vagina occurred. Each day, through the abdominal opening, through the rectum and vagina from which fecal matter also oozed, thorough irrigations were used. The abdominal opening gradually closed up, she soon passed fecal matter through the rectum daily, with only a slight leakage through the abdominal opening.

There was a slight elevation of temperature, 99 to 99.5 for several days prior to the rectal perforation, reaching 101 on the day it occurred. For two weeks thereafter the temperature ranged from 99 to 100, gradually subsiding to normal as the general condition of the patient improved. The lady gained rapidly in strength, she took first liquid, then solid food without discomfort or gastric disturbance, and in a short time developed a normal appetite. The bowels moved daily, actions not abnormal, save for the annoyance of the fistulus openings. The gain in weight was rapid. On March 10th, about seven weeks after the operation, the patient returned home. At that time there was some discharge of faeces through the vagina at each stool, and an occasional slight escape of fecal matter via the external opening.

Recent reports from the husband, state that the external opening has now practically closed entirely, but the escape of fecal matter through the vagina continues. Whatever fistulous opening persists can of course be readily closed by operation several months hence.

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ATRESIA OF THE VAGINA.

By W. H. Blake, M.D.,

SHEFFIELD, ALABAMA.

Atresia of the vagina implies a complete occlusion of the vaginal canal. The question as to whether every so-called congenital atresia existed prior to birth or has been acquired by some inflammatory process during childhood, is one yet unsettled. The prevailing opinion seems to be that every atresia in a simple genital organ is caused by an inflammatory process. On the other hand, there is no explanatory reason for excluding entirely congenital malformations during the embryologic development of the fetus. Atresia of the vagina excludes menstruation and may give rise to the accumulation of blood (haematocolpus) or pus, (pyocolpus) in the vagina above the septum, or in the uterus. The following case illustrates this condition:

On the night of June 10, 1901, I was called to see M. P., a girl thirteen years of age, who was suffering with intense paroxysmal pains in the lower portion of the abdomen. I was informed that about a month previous to my call, the girl complained in a similar manner, but the pains were less severe. While only thirteen years of age, her appearance was that ordinarily observed at puberty. The mammae were well developed, there was a growth of hair over the pubis, and she weighed one hundred and fifteen pounds. There was a tenderness over the abdomen, except low down in the pelvis. The outlines of a tumor could be distinctly felt just above the pubis. The girl never menstruated. A hypodermic of morphine was given and the parents instructed that I would call again the next day. The next visit, Dr. H. W. Blair saw the patient with me. The symptoms observed the night before were unchanged. The pains were paroxysmal and simulated labor pains. In order to make a more thorough examination the patient was anesthetized. In an effort to insert the finger into the vagina it was found that the canal was only about half an inch in depth and ended in a cul-de-sac. No evidence of a tumor could be detected by the sense of touch. An occular inspection of this cul-de-sac, revealed in its right anterior portion a depression that would admit the end of a small probe to the depth of one-eighth of an inch. On passing the finger into the rectum about two inches from the anus it came in contact with a round, elastic tumor, located in front of the rectum. With one finger in the rectum and the other in the shallow vaginal pouch, it was discovered that about one and one-fourth inches of tissue intervened between the lowest portion of the tumor and the

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vaginal pouch. Our diagnosis was atresia of the vagina with retained menstrual fluid. The tumor was aspirated through the rectum and about six ounces of dark, thick fluid removed. This relieved the patient of pain. She had suffered several days before my first visit. She was nervous and irritable. It was decided to wait a few days before proceeding to operate for the atresia. On the third day after the aspiration fever arose and pain returned in the pelvic region. Examination revealed a similar tumor. We again aspirated through the rectum and found that the fluid filling the tumor was an offensive, bloody pus. The tissues had evidently become infected from the aspiration three days before. We decided to operate for the vaginal atresia at once. In addition to giving a chance of relieving the atresia itself, it offered the best course to pursue to drain the infected cavity.

For the operation the patient was placed in the lithotomy position. A sound was placed in the bladder and held as a guide is held in the perineal operation for stone in the bladder. Retractors held back the labia and the sides of the vaginal pouch. With an index finger in the rectum, beginning at the upper end of the vaginal pouch I dissected the tissues upward and backward in the direction of the axis of the normal vagina. The incision was made transversely and the cutting was done with curved scissors. The sound in the bladder could be plainly felt by the finger in the rectum. The point of the curved scissors was turned downward to avoid cutting into the bladder. The thickness of the tissues between the finger in the rectum and the cutting point of the scissors could be felt as the dissection proceeded and enabled me to avoid cutting into the rectum. The first half inch of the dissection was made through cicatrical tissue. I then discovered it was cellular tissues through which the incision was being made. The scissors were withdrawn and the index finger of the right hand inserted into the wound. and by tearing the cellular tissues the opening was continued in the same direction. After proceeding about an inch the walls of the tumor felt in the rectum could be felt by the finger in the vagina. An opening was made into the sac, and this enlarged by placing the beak of a pair of forceps into the opening and separating the blades. The tumor was found to be on the upper portion of the vagina. The os-uteri was felt to the right side of its normal position. The cavity and the wound were washed out with carbonized water and packed with iodoform gauze. This dressing was changed daily. After ten days a Sims' vaginal plug was inserted. This was removed and the vagina irrigated with carbolized water once a day. It required two months for the canal to heal. During this time the

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patient lost flesh and developed chorea. The chorea presisted for three months. It was three months before the patient menstruated. Her health then rapidly improved and since then she has menstruated regularly. She is now in good health. She still uses the Sims' plug about once or twice a month. This she says gives her no pain.

INSOMNIA.

There is nothing which more effectively saps the patient's strength than the inability to sleep. If in the course of fevers, or any other acute or chronic disease, and we allow our patient to go without adequate sleep, we shall find that the patient will become progressively weaker. In nervous diseases this symptom is to be especially dreaded. The question will naturally be asked by the reader, "What have you to offer in the way of treatment that is new or good?" Replying to this question we shall say that our treatment has been well tried, and that it affords the most rational course open to the profession. We do not write to laud some new hypnotic, but to lay a simple and effectual treatment before the profession. In the first place, all patients who suffer with insomnia must have baths with regularity. We advise our patient to have a bath of twenty or thirty minutes duration every night just before going to bed. When, however, insomnia is associated with typhoid fever, or any other acute disease, I have the patient bathed every six hours. These patients should be bathed in tepid water. Along with systematic bathing must go the regular administration of a nerve tonic—an agent which exercises a toning and equalizing effect upon the brain. In fulfilling this important demand we have secured the best results from Daniels' Conc. Tinct. Passiflora Lucaruata. Its action is prompt, and it does not tend to produce the drug habit. Nearly all of the so-called hypnotic remedies will produce drug addictions. Especially is this true of those hypnotic remedies which contain opium or chloral.

Daniels' Conc Tinct. Passiflora Lucaruata is a concentrated tincture of Passion Flower, and while it is most valuable as a tonic to the nervous system, and in this way induces natural sleep, it never creates drug addiction. In no case have we ever seen the least nervousness following upon the leaving off of this agent. We give this remedy in doses of a teaspoonful every three hours. But where there is a great deal of restlessness the remedy can be given in larger doses, or with greater frequency. The physician has considerable latitude along this line of dosage, as the remedy is not in any sense poisonous.

Donald Syar, M. D.
New Zion, Ala

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Selected Articles.

THE PROBLEMS THAT INTEREST MOTHERHOOD.*

By Mrs. W. H. Felton,

CARTERSVILLE, GA.

My appearance before this audience today stands for no intimate acquaintance with the science of medicine, or knowledge of the questions which you discuss so ably. I am only a learner—and my eager interest in these matters no doubt influenced your President to extend to me an invitation to appear and explain my reasons for this interest. Three years ago I made an address on this subject before the Woman's Club of Atlanta, and in 1897 sent a paper to be read before the Mother's Congress in Washington City. My greatest regret is my inability to awake a lively interest in the minds of the mothers of the country on this and kindred subjects; because I feel sure if the subject could be presented in force and pertinence there would be an awakening that would show itself in every home in this broad land of ours.

I agree with your President that all human life is influenced by heredity, by training and environment in the order here named. Heridity comes first. Mothers should have some conception of the part they play in life's drama, when every child must have a mother and when every child's life is unavoidably shaped by the mother's nature, her health, her tempers and idiosyncrasies. She herself is the repository of the ills and benefits resulting from close relation to her ancestry—those who handed them down to her. There are legacies handed down—bequeathed—that would shock and startle many of us if we could trace the end back to the beginning.

But our young women. about to step into matrimony, know less of themselves and what is involved in parental relations, than any other subject heretofore considered by them. Their previous education is all away from the subjects rather than toward them. Children are being born into this world every day, every hour, aye, every minute, and I feel sure that nine tenths of the mothers know less about the influences that will make or mar the physical, mental and moral destiny of those they bring into the world than any other subject that interests them. This ignorance is alarming. When stock-raisers, fruit-growers, seedsmen and everybody interested in such business matters are so scrupulously exact in securing proper reproduction, the destinies of their own children and grandchildren are put aside in the most indifferent way; and

*Read before the Georgia Sociological Society, Atlanta, June 1902.

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alliances are contracted in the most haphazard style. Truly, marriage is a lottery.

People move into new neighborhoods; settle in hard localities, invest their money and spend their time in getting money, when their children and grandchildren have scarcely a thought as to proper associates and those they will mate with, because they will mate at mating time; and the mates will be found generally where they chance to be associated. This is the rule—almost without exception.

If a piece of real estate is purchased, a lawyer is hired to trace the title, and the utmost care is taken to be sure, before the money is paid over; but when the daughter falls in love with an unknown lover, and maybe marries a whited sepulcher, with a fair outside, but full of inherited rottenness and dead men's evils, what comfort or happiness or peace of mind will attend the money, after such a disaster?

Why is it that the world does not recognize the fact, that motherhood and all the problems of human life are indissolubly connected and cannot be divorced, since every human being must have its mother?

With the snows of sixty winters drifting down on my head and my steps going down the sunset slope of life, I come to you, to add my word of approval to your undertaking, and to beg you to so broaden the scope of your organization that intelligent womanhood may be instructed, entreated and warned on the subjects in which their interest is so great, with influences so potential.

For two decades I have lifted my small voice in Georgia towns and cities to plead against the crime of forcing little children, without their own consent, into drunken homes and entailing on their little lives the curse that travels along with inebriety and debauchery. I have been called "a fanatic, a crank, strong-minded, out of my sphere," and many names of that sort, because I cried aloud for home protection to the mothers of such children; but standing as I do in the sight of God and in the presence of this distinguished company, I affirm, as my honest conviction, that no greater service can be done for the human family—without regard to sex—than the protection of unborn children from the evils—inherited evils—that go with drunkenness; and this protection must come through the united efforts of the mothers and fathers of these children.

How many families can you call to mind, who, after twenty-five years of marital union, can present a clean bill of health—moral, mental and physical? Without deformity, insanity, drunkenness, im-

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morality and crime? Tons of writing paper have been devoted to the proper training of children; and pulpits have thundered for a full century on the curses that follow to the third and fourth generation; but how little has been said or written or preached about the proper training of fathers and the needful instruction of mothers in the greatest calling ever followed or pursued under the shining dome of Heaven!

Mothers hold the race-endowing function in themselves. The Lord Almighty decreed it. This function is at once the greatest mystery and the grandest work ever confided to human kind; but nine tenths of the women—may I not say ninety hundredths—know no more of the dangers that attend the destinies of the unborn child, or of their own intimate relation to reproduction of their own kind, than the birds in the air or fishes in the sea. I blame mothers for much of this ignorance—but much of it also belongs to the apathy and indifference of the public. No stream rises higher than its source. The mother can only give her child what she herself possesses. Oh! that we might reckon in the list of virtues the uncommon attribute of common sense on these subjects.

Mothers have been trained, unfortunately, to a system of false modesty and unwholesome avoidance of this and kindred subjects. Why should they not instruct their daughters. aye, their sons, as the king's chamberlain tutored Esther before she was wedded to Ahasuerus? Oh! it is painful to know that a young girl is pushed out of the home nest to flutter in dismay and too often to perish on the ground at last! How is she to know without a teacher, and what teacher so proper, so tender, so sympathetic and so loyal as her own parents?

There were thirteen thousand divorce cases in New York city alone in the year 1897. That tells a tale of failure, defeat, disappointment, mismating. that needs no comment; and it is so all over the land.

When the census of 1890 was taken there were 700,000 defectives in the United States—blind, deaf, deformed, insane, imbecile, epileptic, etc. That is another story that needs no explanation in this presence.

I believe as firmly as my mind can grasp the condition, that the negro's education in books has been largely unproductive of good results. because it antedated the proper training of the mothers in their lewd homes.

This land is burdened with convicts and ex-convicts, the latter without character or credit. after they are turned loose on the com-

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munity. These lewd homes are continual crime-promoters. They pull down faster than book education can build up. If I could only whisper a word in Mr. Carnegie's willing ear, I'd say, spend some of your money on reformatories for ignorant women and girls, who should never be permitted to marry or propagate their kind until good character shall have been established.

This brings me to the question of indiscriminate marriage licenses. A health certificate should have been required a hundred years ago. No honorable man would be willing to enter the parental state when his own physical conditions failed to warrant reproduction under their influence and sway. Those who would disregard the restriction should be legally restrained, for public safety, in view of public expense.

Now that the State has assumed the burden of educating the child independent of its parents, it should be given discretionary powers to forbid the spawning of an interminable horde of defectives with inherited evils of mind and body. Begin at the beginning. Reform where it needs reformation. The running stream can be diverted when it is a brook. After it becomes the river, it must go its own way. Hereditary characteristics are transmitted. There is no question about it. Some weeks ago statistics were given in New York State as to the progeny of a woman who died in 1828. She had 800 known descendants. Nine tenths were criminals, as she had been a criminal; some hundreds were diseased in various 'ways;' many were hung—some died serving life sentences; and the State spent thousands upon thousands of dollars in convicting and punishing the woman's descendants. You all read her history, I presume. If her crime had made her immune to child-bearing, then she would have been less inimical to public safety and spared some physical suffering also. She was an unfit person to fling 800 of her own dangerous class upon the public purse, and her descendants were a curse to the population upon which she and those like her were permitted to spawn them. There can be no question as to the duty of the State to protect itself from this indiscriminate spawning, and to protect itself from indiscriminate marriage licenses. Your organization has authority to make itself heard before legislative committees. Why not inaugurate the movement yourselves?

I believe the State should require due notice to be given of an intended marriage. You all understand that you cannot buy a piece of land from an administrator of an estate without publishing it for weeks in a public gazette. He must get leave to sell and

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then give equal notice of proposed sale; but any chap that can beg or borrow a dollar and a half and will swear that the parties are of legal age, can go to the ordinary's office between dark and daylight, and buy a permit to marry a woman who may have 800 descendants, good, bad or indifferent within her allotted period of reproduction. Fifty years from now public opinion will stand aghast at the liberty that is now allowed to lust and liquor. When a money purchase is involved (as the sale of land goes to show) you strain at gnats, gentlemen but when the fate of unborn millions hangs in the balance you swallow camels and never make a wry face at the swallow.

Motherhood is now asking itself why these things have been so long overlooked—why the protection to its high and holy calling has been so long delayed.

Public thought must be awakened! Agitation is imperative for these reforms. Nothing can be done until the people begin to think. Perhaps you are living ahead of your time. I feel sure I have been working with a small pick and shovel for twenty years at least with small evidence of progress; but you know and I know that we are confronted with race problems and all other sorts of problems, all of which alarm the patriot and the tax-payer.

We are living in an era of mob violence which is ominous. We seem to hear the earth tremblings that may culminate in a San Domingo or a Mont Pierre disaster. May God help the helpless and innocent!

As I believe in eternal justice, truth and mercy, I do believe we must begin reforms at the starting place, and remodel our permits to marry, and permits to sell crime-promoters and stand firm like Zerubbabel in the building of our earthly Jerusalem, or we will, ere we know it, find a Mont Pelee right in our midst, with all that attends such an eruption in disaster.

To you, gentlemen, who are so closely in touch with the great problems that touch mother-life and mother-love, I bring this reminder today. Throw around this high and holy calling the protection it needs and would call for if it was awake to its danger. It is the hope of the nation. It is the anchor against mob violence. It is the home-life of America today that holds the ship to the safe points of the compass.

It is at the very foundation of race troubles. When colored homes are reformed from their profligate population, and clean living prevails rather than dissolute and shameless reproduction, we will see that it can only be done by shutting off opportunities for

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infanticide and indecent prostitution among the mothers of the colored race. But all the crime does not come from the submerged world. Like the frogs and flies in Egypt, sin, evil and moral disease go up into the palaces as well as the hovels. There must be a general provision to reach crimes against motherhood—no matter where discovered.

In the year 1874 the State had many less than four hundred convicts to turn over to the lease system. We established public schools a little before that time. We have run along the succeeding years with both systems in full blast—both costing a mountain of money. In 1901 we had four thousand negro convicts and misdemeanors and about four hundred whites. Now what is the matter with us anyhow! Where will we end up at this gait we are going? If we had clear vision to the horizon we would see that one system tears down faster than the other can build up. Something is radically wrong somewhere.

I may be mistaken—I know I am liable to mistakes; but I do believe we should shut the door on the reproduction of the species that continues to fill chain-gangs, and apply some of this school money to reformatories where they do not marry and are not given in marriage until they can present a clean bill of moral health, at least.

An illegitimate child should send both parents to the rock-pile, and a seducer of innocence should have a life-term at hard work; fully as much penalty as the getting of money on false pretenses, by theft or by murder, because two lives have been sacrificed to the baser passions of the betrayer.

Oh! that the world would wake up to this needed protection to the unborn child which is forced into life, without any consent of its own, and its very life made the football of the vicious and depraved progenitor!

I thank you very much for this courtesy and attention. May my words find an echo in every true man's and woman's heart that hears me today.—Atlanta Medical Journal.

SENILE DEBILITY.

℞. Syr. Hypophos. Comp 3 oz.
Celerina (Rio) 2 oz.
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..M. Sig.: Teaspoonful four times daily.

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Editorial.

JNO. C. LeGRANDE, M. D.,.....Editor and Prop.

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We cannot promise to furnish back numbers.

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The editor is not responsible for views expressed by contributors.

All communications should be addressed to THE ALABAMA MEDICAL JOURNAL, Birmingham, Ala.

In Memoriam—Thomas Childress Osborn.

In a recent issue of the Cleburne (Texas) Enterprise, I find the following obituary notice:

"The death of Dr. T. C. Osborn which took place last night (August 19th) at his residence, 710 N. Robinson St., came as quite a shock to the many friends of the deceased, many of whom did not know of his dangerous illness. Dr. Osborn had been in feeble health for some time, and being of advanced age could not so easily shake off the shackles of disease as in former more robust days. Dr. Osborn was a landmark in the medical fraternity of Cleburne, and the progenitor of a family of physicians of sons and grandsons. He had long been recognized as authority in the healing art and though for

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years not in the active practice of his profession, he was often consulted and his ideas and knowledge adopted. Dr. Osborn was a Mason, an Oddfellow and a member of Johnson County Medical Society, and the members of these organizations will attend and participate in his funeral services tomorrow."

The foregoing, though conveying a piece of sad intelligence to many friends in Alabama, yet it is somewhat consoling to the older members of the Alabama Medical Association to read the complimentary notice of oue of their old comrades and colaborers in the early years of our Association. Dr. Osborn was one of the twenty physicians who met in Selma in 1868 and organized the Medical Association of Alabama. Only three of this number are now living—Drs. R. F. Michel and W. C. Jackson, of Montgomery, and Dr. J. Huggins of Newberne. In the early struggles of our Association for a higher standard, Dr. Osborn was an earnest colaborer and an able lieutenant to Jerome Cochran. In 1871, at the Mobile session, Dr. Osborn was elected president of the Association, which position he filled with ability. On various occasions he contributed a number of articles to the literature of the Association and the Medical Journals. The one on "Malarial Cachaemia" (afterward called Hemorrhagic Malarial Fever), published, I think in 1868-9, was a pioneer paper, the first, perhaps. written on that disease, unless we except an article on "Yellow Paludal Fever" by Dr. Faget, of New Orleans, written in French and published prior to the Confederate war. At a very recent date Dr. Osborn wrote a strong paper on Corrosive Sublimate as a cure and preventive of Small-pox. The doctor claims priority in the use of this remedy in said disease.

Dr. Osborn was born in Tennessee in the year 1818, and moved to Greensboro, Ala., when quite a young physician. Here he lived, married and practiced his profession for thirty or more years when he moved to Cleburne, Texas. The Doctor was a man of striking personality, gentle and dignified in his manners, fluent in conversation and a graceful writer. In his profefssional associations he was courteous and strictly ethical in his conduct. He was very considerate and kind to young physicians and no one of this class ever came in contact with him professionally who did not hold him in grateful remembrance for generous treatment.

At four score and four years, after a useful life as a citizen, and after an active life as a physician of over half a century, this father in our Medical Israel, has crossed over the Lethean Stream to rest from his toils.

"He has fought the good fight, he has finished his course, he has kept the faith, henceforth he shall wear a crown of righteousness."

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Miscellaneous Notes.

NEW ORLEANS POLYCLINIC

Sixteenth annual session opens November 3, 1902, and closes May 30, 1903. Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery. The specialties are fully taught, including laboratory work. For further information, address New Orleans Polyclinic, Post-office box 797, New Orleans, La.

Dr. W. E. B. Davis attended the American Association of Obstetricians in the city of Washington during this month.

Dr. Geo. E. Petty, of Memphis, Tenn., spent several days in Birmingham recently treating a case of morphine habit for Drs. Davis & Davis. The Doctors express themselves as being highly pleased with the results which have been obtained by the treatment by Dr. Petty.

At a recent meeting of the Jefferson County Medical Society, Dr. W. H. Sanders made a short talk for the "Cochran Monument." The Society promised to contribute $200 to a fund for the purpose of building this monument, and Drs. J. C. LeGrande, W. E. B. Davis and D. F. Talley were appointed a committee to raise the money.

A large number of physicians have secured offices in the new Office Building on the corner of First avenue and 20th street. We hope to be able to publish in the next issue of the Journal the number of the offices and the names of the physicians in the new building, and it will be a favor to the Journal if the physicians will let us know the number of their office.

The Tri-State Medical Society of Alabama, Georgia and Tennessee will meet Oct. 7th and 8th at the City Hall on the fourth floor. The local profession is taking an active interest towards making this a pleasant and profitable occasion, and a large number of papers have been promised by the leading physicians of the three States, and from all indications the meeting will be well attended. Every physician in Birmingham is cordially invited and earnestly requested to attend and take part in this meeting. A partial program will be published in another department of the Journal.

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The Maltine Company announces that two hundred and eight essays on "Preventive Medicine" have entered in competition for the two cash prizes—one thousand dollars and five hundred dollars, respectively—which that firm offered last February. These essays are now in the hands of the three judges, Dr. Daniel Lewis, of New York, Dr. Chas. A. L. Reed, of Cincinnati, and Dr. John Edwin Rhodes, of Chicago, and their decision is awaited with great interest by the medical profession at large

ERRATTA.

In last month's Journal the article by Dr. B. L. Wilkinson, of Montevallo, should have been entitled "Annual Report of the Physician for the Alabama Girls' Industrial School," and in the same article the word "manometer" should have been "dynamometer."—Editor.

Papine.—In discovering this drug Battle & Co. have conferred a lasting favor on the medical profession. We know the opium of which they make their Papine is the best. Papine has a place in my medicine case and it is emptied as often as any vial in the whole case, I nearly always have a bottle with my obstetrical cases for after pains and always feel like it will do the work. I used it lately on a case of threatened abortion with excellent results, also in a case of severe uterine colic. I find that with Papine I do not have to use my hypodermic syringe so often. W. E. Russell, M.D.

Wyatt, Texas.

In papine advanced pharmacy has given us a perfect opium preparation. It possesses the anodyne virtues of opium and not the constipating and untoward actions. Papine may be briefly defined as the only opiate which is free from the evil effects which I have just named. It is very prompt ,in this respect excelling any other opiate, and it never produces nausea, constipation and the usual woes that go hand in hand with the old time opiates. Papine is, therefore, the remedy which is indicated in all forms of inflammatory pain. It is given in doses of one teaspoonful every one, two or three hours, until its anodyne action is attained. In giving papine. we can bear in mind that a teaspoonful represents the strength of one-eighth of a grain of morphine. Having this fact in mind, the dosage which is appropriate in any case will at once suggest itself.

Extract from "Remedical measures indicated in affections attended with Pain," by G. S. Trotter, M.D.

—New Albany Medical Herald.

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THE QUESTION?

After many satisfactory trials of a remedy have you ever experienced a time when all the indications were the same, yet the article prescribed did not seem to give results?

You invariably presume that the old stand-by had lost its efficacy when in all probabilities you were not using the genuine product but a substitute.

In diseases of women such as Leucorrhea, Endometritis, Gonorrhea, Vaginitis, etc., where so much depends upon actual results it is imperative that the genuine Micajah's Medicated Uterine Wafers are used and not a substitute.

Only successful preparations are imitated, hence the large number of substitutes of the genuine Micajah on the market.

ITS DISTINCTIVE FEATURE.

One needs but to review the physiologic activities of the remedies recommended as tonics and reconstructives to realize the fact that practically all of them have some secondary effects which detract from their clinical value. It may be that they irritate the stomach and thereby excite repulsion on the part of the patient or even induce nausea and vomiting; some of them are astringent; others primarily stimulating but secondarily depressing—and so on through the entire category of remedies, objections more or less serious may be found. It is, therefore, a matter of great importance to employ a remedy which is not only free from deleterious by and after-effects, but which adapts itself to use as a routine remedy in the many and diverse conditions that call for tonic and reconstructive medication.

The one remedy which many years of experience proves is entirely free from detrimental effects, is Gray's Glycerine Tonic. This preparation is of pleasant taste, agrees perfectly with rebellious and sensitive stomachs, patients never tire of its continued administration, and it is extremely effective in restoring tone and vigor to the entire system.

The entire freedom of Gray's Tonic from anything like drug effects, is one of the strongest reasons why the best element of the medical profession have adopted the remedy for routine administration in all conditions associated with impairment of general health, lack of nervous energy, general exhaustion—in anaemia, malnutrition, neurasthenia, and in chronic wasting diseases.

The Purdue Frederick Co.

No. 15 Murray St., New York.

"ARE YOU IN PAIN?"

You will probably ask this question more frequently than any other. Nothing appeals to one more strongly. To be able to relieve

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pain, whether it be a slight nervous headache or the most excruciating suffering from a severe neuralgia, brings the height of pleasure to both patient and attendant. The ideal remedy must not only do its work, but it must also do it quickly. Touching this point is an article in the Boston Medical and Surgical Reporter, by Hugo Engel, A.M., M.D. The author says: "Antikamnia has become a favorite with many members of the profession. It is very reliable in all kinds of pain, and as quickly acting as a hypodermic injection of morphia. It is used only internally. To stop pain one five-grain tablet is administered at once; ten minutes later the same dose is repeated, and if necessary, a third dose given ten minutes after the second. In 92 per cent. of all cases it immediately stops the pain." Farther on, Dr. Engel compares Antikamnia with the other coal-tar derivatives. He says that while some of these are valuable remedies for the relief of pain "not one of them is so certain in its effect in comparatively as small a dose and so prompt in giving relief as Antikamnia in every kind of pain." This uniformity in its action leads him to believe that Antikamnia possesses properties differing from th other coal-tar products, while it is certainly free from danger, if given in anything like reasonable quantities, which is not the case with other products from coal-tar. Five-Grain Antikamnia Tablets afford the most accurate and convenient form for administration.

TREATMENT OF WOUNDS.

Martin sums up the treatment of wounds as follows: 1. Cleanse the hands by washing with soap (soap manufactured by process of boiling is the only soap free from germs), and scrubbing with brush for ten minutes; then cleanse subungual spaces, scrub again for five minutes, wash or scrup in alcohol one minute, wash in permanganate and oxalic acid solution or solution of chlorin for five minutes. These solutions are not necessary for the ordinary handling of wounds, and can be substituted by the use of alcohol and bichlorid 1-1000, and afterward rinsing in sterilized water. 2. Prepare the skin by scrubbing with soap and brush five minutes or more, cleanse with alcohol and wash off with bichlorid 1 to 1000. Cleanse wound with peroxid and antiseptic solutions; dress according to character of wound. 3. Instruments are best prepared by scrubbing with soap and water and sterilizing in a 1 per cent. solution of cooking soda for at least five minutes. 4. Towels, dressings, etc., prepared by sterilizing for at least twenty or thirty minutes. Moist heat (steam) is best, as it is more penetrating. A large package of dressings will necessarily take longer than a small package. A disregard for such rules may mean not only a staphylococcal or streptococcal infection, but a syphilitic or other virus inoculation.—The Journal.

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Tri-State Medical Society of Alabama, Georgia and Tennessee.

The fourteenth annual meeting of this popular organization will be held in Birmingham, Ala., Tuesday, Wednesday and Thursday, Oct. 7, 8 and 9, 1902. All are invited to attend.

Reduced rates on the certificate plan have been granted by the Southeastern Passenger Association from all points in the territory (South of the Ohio and East of the Mississippi rivers.)

TUESDAY, OCT. 7.—MORNING SESSION.

Registration, introduction, etc. 9 to 9:30 a. m. (or 8:30 to 9:30).

Prayer by Dr. J. G. Murray, Rector Church of Advent

Welcome Address by Mayor Hon. W. Melville Drennen.

Welcome Address by Judge James J. Banks on behalf of the Professions.

Welcome Address by Dr. R. M. Cunningham, Lieut. Gov. Elect, on behalf of Cunningham Wilson, President of Jefferson County Medical Society.

President's Address, Dr. J. C. LeGrande, Birmingham.

Reading of Papers and discussion of same. 9:30 to 12.

AFTERNOON SESSION.

Adenoids—S. L. Ledbetter, Birmingham.

Trachoma in Our Asylums and Hospitals—W. Cheatham, Louisville.

An Analysis of One Hundred Cases of Refraction with Special Reference to Headache—A. W. Sterling, Atlanta.

Purulent Ophthalmia—Frank Trester Smith, Chattanooga

Mastoiditis—L. G. Woodson, Birmingham.

Indications for Operation in Mastoid Empyema—Samuel Kirkpatrick, Selma.

So-Called Membranous Croup—C. H. Peete, Macon, Ga.

Anesthesia—N. J. W. Peters, Birmingham.

Compound Fracture of the Skull—W. E. Wilder, Birmingham.

Localization in Fracture of the Skull—G. Manning Ellis, Chattanooga.

Gun Shot Wounds of the Abdomen with Report of Cases—R. E. Fort, Nashville.

Report of Cases—G. A. Baxter, Chattanooga.

Differential Diagnosis and Treatment of Hip Disease—W. T. Berry, Birmingham.

Gun Shot Wounds of the Liver—Wm. W. Harper, Selma, Ala.

A Case of Septicemia, Laparotomy, Described by the Patient Himself—J. C. Newman, Helenwood, Tenn.

Gastropaxy—H. Berlin, Chattanooga,

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Hernia—C. Holtzclaw, Chattanooga .
Treatment of Hernia—German P. Haymore, Chattanooga.
Treatment of Peritonitis—W. E. B. Davis, Birmingham
Appendicitis—W. A. Sellers, Birmingham.
Appendicitis: Responsibility for Delayed Operation—W. F. Rochelle. Jackson, Tenn.
Some Newer Methods of Hemaglobin Estimation—J. M. Mason ,Birmingham.
Leucocyte Count in Appendicitis—James Brew, Nashville.
Report of a Case of Meningitis—D. S. Middleton, Rising Fawn, Ga.
Puerperal Infection—T. A. Casey, North Birmingham.
Puerperal Sepsis—J. C. Abernathy, Birmingham.
Puerperal Sepsis—E. B. Ward, Selma.
Placenta Previa with Report of Case—C. W. Hilliard, Elba, Ala.
Conservatism in Pelvic Work—W. G. Bogart, Chattanooga.
Obesity and Senility in Relation to Accidental Injuries—W. L. Gahagan. New York.
The Heroin Habit: Another Curse—Geo. E. Pettey, Memphis
The value of State Sociological Societies in the Education and Development of the Race—R. R. Kime, Atlanta.
Dynamic Sociology—Prof. Joel DuBose, Birmingham.
Physiology of Education—J. W. McQuillan, Chattanooga.
Some Further Remarks on the Medical Supervision of the Education of Boys and Girls—D. L. Wilkinson, Montevallo, Ala.
The Negro as a Criminal and His Influence on the White Race—Louis Edelman, Huntsville, Ala.
Crime and its Causes—H. L. Appleton, Centre, Ala.
Crime: Its Causes and Evolution—Walter Lenehan. Nashville.
Mind—R. C. Bankston, Birmingham.
The Lawyer and the Doctor—Hon. Escar Floyd, Birmingham.
The Doctor and the Lawyer: The Two Professions as Factors in Shaping Events to Higher and Better Attainment—Hon. John Tomlinson, Birmingham.
The Relations Between the Physician and the Apothecary—E. N. Russell, Birmingham.
Medical Discoveries—W. L. Nolen, Chattanooga.
Treatment of Gonorrhoea—J. W. Johnson, Chattanooga.
The Successful Treatment of Gonorrhoea and Inflammatory Conditions of the Urethra by Packing with Antiseptic Oil Dressings—S. T. Rucker, Chattanooga.
The Diagnostic Value of the Cystoscope—James E. Dedman, Birmingham,

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Tuberculosis—Y. L. Abernathy, Chattanooga.
Tuberculosis—George Brown. Atlanta.
Tuberculosis in the Negro—Seale Harris, Union Springs, Ala.
Veratrum Viride and Its Indications—W. A. Barrett, East Lake, Ala
Gelsemium—Leroy Burdeshaw. Headland, Ala.
Case of Bright's Disease with Valvular Heart Lesions, Benefitted by Appocynum Cannabinum—R. B. Paine, Mandeville, La.
Unilateral Sweating—E. Bates Block, Atlanta.
Tetanus. Report of a Case—Frank B. Reagor, Shelbyville, Tenn.
Diabetes Mellitus—Geo. R. West, Chattanooga.
Cases Illustrating the Correction of Operation of Deformity Due to Infantile Paralysis—Michael Hoke, Atlanta.
Curettage: Indications and Technique—Monroe Smith, Atlanta.
A Study of 55 Fatal Cases of Pertussus—Marian McH. Hull, Atlanta.
Rabies: Its Nature and Preventive Treatment—J. N. Brawner, Atlanta.
The X Ray as a Therapeutic Measure—John W. Daniel, Savannah.
A Duty of the Obstetrician—W. L. Champion, Atlanta.
Report of a Case "Small Wound for Removal of Large Tumor"—B. G. Copeland, Birmingham.
Report of a Case of Suturing of the Heart—L. L. Hill, Birmingham.
The Value of Blood Examinations to the Practitioner—Frank A. Lupton, Birmingham.
The Prophylaxis of Post-Operative Ventral Hernia—William D. Haggard, Nashville.

Papers by H. N. Rosser, Geo. S. Brown, E. M. Robinson, B. L. Wyman. Wyatt Heflin, D. F. Talley, E. P. Riggs, C. Lull, R. M. Cunningham, of Birmingham; W. F. Westmoreland, W. S. Elkin, Atlanta; J. L. Hires, Savannah.

THE TREATMENT OF NEURALGIA.

That great neuralogist. Romberg, declared that pain was the cry of a nerve for better blood. This remedy in an axiomatic way gives us the key to the causation of neuralgia. Neuralgia, in order that we may treat it with success, must be clearly understood, that is, we must find out the cause, and direct our therapeutic weapons to the destruction or the removal of the cause which brought the neuralgia into being. As Romberg says pain is the cry of the nerve for better blood. Now to treat neuralgia we must in all cases seek the cause or causes which have lowered the quality of the blood. Any disease, which saps the patient's strength will put the patient in a condition to make the development of neuralgia a possibility. The causes of neuralgia may

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then be put down as anaemia, syphilis, lithaemia. and the exhausting effects of all acute or chronic diseases. Again the cause of neuralgia may be found to be the pressure of a tumor on the trunk of a nerve. Exastosis of the bones often interfere with blood supply of the nerve and in that way produce neuralgia. Pain—neuralgia of the face often results from exastosis of the bones of the face. These comprise in a general way the constitutional causes of neuralgia.

There must be said something of the exciting causes of this affection. Exposure to cold. heat, excessive study, great excitement, grief or joy, as well as other factors tend to produce—or rather to call into activity an attack of neuralgia. The treatment of neuralgia is best considered under two heads. First. Those measures which are directed to the removal of the constitutional factors of the causation. The second indication for treatment comprises measures which will relieve the patient's pain, and in that secure rest. In fulfilling the first indication, we shall find it important to question the patient thoroughly for information that will lead us to single out the cause which lead to the development of the neuralgia. This as said above may be anaemic, syphilis, rheumatism, lithaemia. or some disease which has lowered the general health. When we have found the cause we should at once institute proper treatment. For instance, if a patient is anaemic he should be put at once on an eligible preparation of iron. If syphilis be the cause appropriate antisyphilitic treatment must be begun and continued for a time long enough to produce good results. In a great many cases of neuralgia we will find that malaria is the principal causative agent. In those cases quinine must be given with regularity. In instances of malarial neuralgia we will find that there are regular recurrences of pain—those coming on with the regularity of an intermittent paroxysm. In those instances we should direct the quinine aginst the coming of the neuralgia attacks as we do an intermittent fever paroxysm. Let us now consider the best means at the disposition of the profession to relieve the pain. Manifestly it is highly important to relieve the patient's suffering as quickly as that is possible. Opium is a remedy which readily suggests itself in all cases of pain. But it is well known that opium produces constipation. indigestion, loss of appetite and a great many other disagreeable results. The danger of setting up the opium habit, too, is never to be forgotten. The coal-tar derivatives have also been employed to relieve neuralgic pain, but the fact that these agents, as Prof. Thompson says, "are one and all muscle paralyzers," is sufficient to make the prudent practitioner exhibit these agents with wise conservatism. In all cases where there is a weak heart, or where the patient is below

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par physically, we should never give any of the coal-tar derivatives. We have been able to carry our point—of relieving pain in these attacks of neuralgia by giving regular doses of Daniel's Conc. Tinct. Passiflora Incarnata. In doses of a teaspoonful every one, two or three hours, this remedy relieves the pain, and gives the patient rest. It is not a constipating remedy like the opiates—on the other hand, however, it is a mild laxative. As an anodyne, soporific and nerve stimulant there is no remedy at the disposal of the professional more prompt, or more trustworthy than Daniel's Conc. Tinct. Passiflora Incarnata. It is the remedy which we now put our trust in—leaving the sedative drugs like opium and the bromides entirely out of our therapeutic armamentarium.

As yet we have said nothing of the value of heat applied over the area of the painful nerves. Hot cloths, hot salt bags and bladders of hot water will very often greatly assist us in bringing about relief of pain.

"IN MEDICINA QUALITAS PRIMA EST."

All the preparations of Wm. R. Warner & Co. are known for excellence of quality, accuracy, and uniformity of composition. The effervescent lithia water tablets furnished by this firm offer us a ready and effective method in introducing lithia into the system for the relief of the many disorders in which that remedy is of conspicuous service. The tablets are made in two strengths, one containing 3 and the other 5 grains.

Lithia water tablets promote the activity of the kidneys, increase the elimination of urea, and convert uric acid into a soluble form. These properties are an indication of their value in practical medicine. Their chief applicability is in gout and lithaemic conditions. By their instrumentality in converting deleterious products harmlessly from the system they prevent its accumulation and, consequently, the damage which its constant presence inflicts. The pernicious influence of the products of imperfect metabolism upon the kidneys, heart, and blood vessels is averted or minimized. The aggregation of insoluble and gritty particles in the form of gravel or stone is prevented by the continued use of these tablets. They will, therefore, often be efficient in saving the kidneys from disorganization and the patient from the agonies produced by the passage of a calculus. By an analogous action they obviate the formation of stone in the bladder and alleviate inflamation of that organ. These tablets are, moreover, of much service in rheumatic conditions, both articular and muscular. In the subjects of gout and rheumatism they improve digestive power,

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and therefore tend to remove some of the causes of the various forms of mischief which those conditions are capable of producing throughout the body.

Warner's effervescent lithia water tablets are likewise useful in Bright's disease, acting as a diuretic and reducing albuminuria. In this manner they prevent the accumulation of toxic products. It must be recognized, from such considerations, briefly presented, that they possess a wide sphere of usefulness.—Monthly Cyclopedia of Practical Medicine.

SPONTANEOUS PULSATING EXOPHTHALMOS.

M. Mariani has observed the case of a man, 60 years of age, well nourished and, above all, free from arterioscelerosis, who, in the act of defecation, experienced a sharp pain in the left orbit. Almost immediately the conjunctiva became injected, as eyeball prominent, the lid oedematous, while a rhythmical and intermittent sound was heard in the head. On the following days, notwithstanding the application of leeches and a compressive dressing, the swelling of the lid and the projection of the eyeball were accentuated. The left cornea became somewhat opaque and caused diminution of vision. On the other, hitherto unaffected, side there developed palpebral oedema and ex ophthalmos. At this time, three weeks and a half after the accident, the patient entered the hospital. General examination disclosed nothing in particular. Locally, on the left side there was considerable infiltration of the eyelids, the upper one of which was vinous red in color, while there was complete ectropion of the lower lid. The eyeball projected prominently forward, a little outward, and downward; it was absolutely motionless; there was no reaction of the pupil, and the vision of that side was almost entirely lost, the eye only distinguishing light from darkness. Upon palpation there was perceived, at the upper and inner part of the orbit, a small tumor, the size of a hazel-nut, which pulsated synchronously with the radial. These pulsations were likewise perceptible in the eyeball. Auscultation recognized a continuous systolic souffle, having its maximum at the anterior portion of the cranium (frontal and both temporal bones), but perceptible over all that part of the skull and even to the shoulders and manubrium. Upon the right side almost the same signs were present, though less accentuated; the pupil, though contracted, reacted to light, and vision was preserved.

This totality of symptoms demonstrated the case to be one of pul satile exophthalmos; an accident which is rather frequently observed after traumatisms of the orbit, but which is very rarely seen to de

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velop spontaneously. According to Nelaton, it is generally admitted that this affection is due to rupture of the internal carotid in its passage along the cavernous sinus, with the formation of an arteriovenous aneurism. In the present case this spontaneous rupture, in the absence of any evidence of arteriosclerosis (although the temporals were slightly sinuous), may have been favored by localized patches of atheroma. It must be recognized, also, that the intracavernous portion of the internal carotid is a veritable locus minoris resistentiae, since there exists at that point no osseous surface or muscular fibers which might to some extent support the walls of the vessel. In explanation of the pulsatile exophthalmos, involving at first only the left eye, but within a few days involving both, M. Mariani believes that there must have been a progressive dilatation of the circular sinus of Ridley, which connects the two cavernous sinuses.—La Tribune Medicale.

TECHNIQUE OF X-RAY THERAPY.

A thorough understanding of the fundamental principles of radiotherapy, extreme caution in all manipulations, and careful experimentation on animals, is recommended by Kienboeck (Interstate Medical Journal, February, 1902), for those that have occasion to use the x-rays in their practice.

The physician should use a medium soft tube, placed just above the part to be treated, and at a distance of from 15 to 20 centimeters. The portion of the skin not to be treated should be protected by a sheet of lead, 0.5 millimeter thick, under which should be placed a strip of flannel to protect the skin from flying sparks. Tubes of high intensity should be employed, with rapid interruptions, the time being varied at each sitting according to the judgment of the operator.

The tube used must be capable of producing a good picture of the thorax of a medium-sized man, when viewed through the fluoroscope 60 centimeters from the focus. With an interrupter giving interruptions at the rate of twenty to thirty a second, a good skiagram should be obtained with an exposure of thirty seconds. Although a five minutes' exposure will produce a slight effect, a radiance lasting twenty minutes may be regarded as "normal exposure." The effect of normal exposure will be about as follows: On normal skin, after a period of latency of fourteen days, the hair will fall out, accompanied by an erythema lasting a few days; on skin affected with sycosis the loss of hair will occur as early as the eighth day, accompanied by the formation of numerous pustules; lupus tissue will become exfoliated after a lapse of a week.

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The effect of normal exposure of twenty minutes may be produced by dividing the action of the radiance over several sittings of shorter duration.

If there be taken into consideration the intensity of the radiance, the number if seances, and the length of intermissions, there may be formulated these methods of x-ray therapy:

Daily sittings, with the radiance of slight intensity, lasting five minutes, continued until the first symptoms of reaction appear.

Sittings, with a radiance of medium intensity, twice a week until reaction begins to be manifest (about two weeks); or three or four sittings, with a radiance of medium intensity, given on alternate days.

The "normal exposure" in a single sitting, and await reaction.—The Therapeutic Gazette.

THE SPONGE BATH.

The sponge bath is more effectual for reducing temperature in the child than the adult. Occasionally it may not be tolerated, in which case it should not be repeated without the physician's orders. In convulsions and incipient diseases the hot bath, to which mustard is sometimes added, stimulates circulation and relieves nervous symptoms. In eruptive fevers the daily warm bath gives ease and comfort to the child, and is used by most physicians of the present day. During the time the child is in the cold bath he must be closely watched and removed at once if unfavorable symptoms develop. The temperature of this bath for a child is from 95° to 98° F., he being allowed to remain in the tub for ten minutes. The ordinary cold bath at a temperature of 70° F. is of very little use for the child. In typhoid the usual temperature for the plunge is from 75° to 80° F. For collapse the hot bath at a temperature of 105° to 110° is sometimes ordered, the child remaining in bath for one minute This is not always successful, but is occasionally resorted to when all other remedies fail, but should never be given without the physician's order.—Trained Nurse.

SEASONABLE SUGGESTION.

Digestive disturbances so prevalent at this season and followed by Diarrhoea, Cholera Morbus and Cholera Infantum demand prompt attention and treatment. Hayden's Viburnum Compound (genuine) administered in dram doses in hot water not only corrects the existing condition but is a pronounced antispasmodic and relieves the severe pain always accompanying these cases.

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TO WHAT EXTENT SHOULD PHYSICIANS SUPERVISE THE EDUCATION OF OUR BOYS AND GIRLS, WITH SPECIAL REFERENCE TO COLLEGE WOMEN.

By D. L. Wilkinson, A.B., M.D.

MONTEVALLO, ALA.

(Concluded from last issue.)

Mr. President and Gentlemen of the Medical Societies of Clay, Calhoun, Shelby and Talladega Counties:

In reference to the kindergarten, I cannot do better than to quote Dr. Lambert Ott. Dr. Ott (5) says: "One thing is evident, that there is an increase of contagious diseases during the continuance of the school period. The condemnation of Froeber's Kindergarten schools is based on the necessary aggregation of little children in those tender years when the susceptibility to contagious diseases is at its height. What is the remedy for all these conditions? Dr. Noer (11) recommends that in the private school the hours of study should be shortened to one hour in the forenoon and one in the afternoon. If more time is to be taken up, it should be devoted to manual training together with the study of nature and natural life and its activities. He concludes:

"Regular, periodic, medical inspection, which should include physiologic and anthropometric examination of the school children, should be a requirement in all public schools, these requirements would not only furnish valuable physiologic and anthropometric data, but would dis-

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close cases of infectious and other comunicable diseases. They would also detect mental and physical defects—stignata not readily recognized by parents and teachers." Dr. Taylor, of Massachusetts, says: "A man skilled in the broad lines of medicine as well as psychological analysis should inspect the schools from time to time and assist in the proper classification of pupils." Dr. E. S. Storr (4) says: "More time and attention should be given to manual training. This training of the muscles develops the motor centers in the brain, discharges the accumulated nerve forces in the motor centers, develops and strengthens the association fibers between the various brain centers and permits the higher centers to develop normally and store up power. This gives the student a richer sensory content, a more harmonious physical and mental organization and a better balanced moral nature. That young women should be allowed to leave school for a few days or a week during every month without it being charged up to them. We should insist that gymnastic and systematic physical exercise should be taught in every school of the land from the lowest to the highest." In an article compiled by Drs. Wurdemann and Allport (7) and read before the principals of the Milwaukee schools, it was stated that 25-35 per cent. of American school children have defective eyes. The following plan was recommended: Examine all the pupils at the beginning and close of each session according to the following plan: Does the pupil habitually suffer from inflamed lids and eyes? Does the pupil fail to read a majority of the letters in the number xx (20) lines (Sullens test type) with either eye? Do the eyes and head habitually become weary and painful after study? Is the pupil probably cross eyed? Does the pupil complain of earache in either ear? Does pus or foul odor proceed from either ear? Does the pupil fail to hear an ordinary voice at 20 feet in a quiet room? Does the pupil fail to hear the tick of a good sized watch with either ear at 3 feet in a quiet room? Does the pupil fail to breath properly through either nostril? Is the pupil an habitual mouth breather? If an affirmative answer is given to any of these questions, the parents are requested to have a reputable physician examine the pupil's condition. You will note that this is a plan which the teachers may pursue.

Private schools have a great advantage over the public schools in that every pupil is considered from the standpoint of the individual. In the public schools a definite amount of work is set out for accomplishment and this work the teacher feels must needs be accomplished regardless of the individual's physical condition, hence we have long hours of study, and insufficient recreation. In Alabama we have no system whereby pupils can be classified in accordance with their

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physical conditions. There is no system of inspection whereby pupils can be protected from the ravages of infectious and contagious diseases. There is no examination made in the public schools or in the colleges of the pupil's eyes. If the pupil advances mentally the master loses sight of the fact that he may be losing ground physically. In some of our larger cities, both in this country and Europe, children are refused admittance to the public schools unless they can produce evidence of successful vaccination. The schools are examined by commissioners who examine the eyes for visual defects, the throat for Klebs-Loeffler baccilli, and all pupils with suspicious troubles of any kind are sent home. The school buildings and the surroundings are examined, the water supply is looked into, separate cloak rooms are provided, a system of baths arranged and in fact there is supervision of all the departments. That this is a step in the right direction is shown by the increased effectiveness of the work, the diminution of disease and improvement in the phyique of the pupils. If these efforts are necessary in the larger centers, if disease is lessened, if better work is accomplished, if there is improvement in the physical condition, then does it not follow that for immediate and future results, Alabama either as a State should do likewise and have a Board of State Commissioners, who shall appoint subsidiary boards with control of the same all over the State; or if the State should refuse to act, then does it not behoove Birmingham, Montgomery, Mobile, Anniston, Selma, Huntsville, Talladega—all of our larger towns—to select from their local physicians a board of medical experts who shall have entire control of all the schools from a sanitary and hygienic standpoint and of the pupils from all standpoints whereby it can reasonably be hoped to secure sound minds in sound bodies. They should see that all pupils are successfully vaccinated; that defects of vision and hearing are corrected where possible; that no pupil is admitted who has recently been exposed to any infectious or contagious disease; that the hours of study are regulated, that pupils are classified according to their physical conditions, that some provision is made for the relief of young women in the schools, during the menstrual periods. Ventillation, drainage, the water supply—a thousand things demand increasing viligance and eternal watchfulness on the part of the physician. This work is the physician's work. As an illustration and I have these very cases: Suppose a child whose parents have died from Tuberculosis is admitted to the schools. He is pale, has narrow chest, stooped shoulders, contracts cold easily, is ambitious, what should be done with him? If you allow him to pursue his way he inevitably succumbs to Tuberculosis. On the other hand, if you limit the number

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of his studies and school hours, and at the same time develop his physical powers to the utmost there is a possibility that the youth may be saved and that the State may have in him a useful citizen. Who, I ask again, but the physician can watch over the destinies of a youth like this? Realizing these things and knowing that if they be true of boys, they are also true of girls; imbued with this idea, for several years, I have been trying to put the Alabama Girls' Industrial School upon a plane equal to all and inferior to none. That this was and is yet a difficult task, is shown by the fact that no adequate provisions have been made by the school to supply the necessary materials. The school has been handicapped by insufficient appropriations from our Legislature, and our Board of Trustees have not yet sufficiently awakened to the needs of this department. There has been opposition upon the parts of parents and pupils. I am glad to say that the light is breaking in the east. Our president and some of our trustees who have been consulted have not only given their consent to the plans proposed but have assured us of their hearty co-operation. The plan proposed for the ensuing year is similar to that of last year, but better arranged and more complete. The secretary will ascertain on matriculation if any of the girls have been exposed to infectious and contagious diseases. (Last year we found four girls had been exposed to scarlet fever within three weeks prior to their matriculation). Two ledgers will be prepared for use—one for the physician and the other for the physical culture department. In the first will be recorded a complete personal and family history of each matriculate. This is a permanent history for reference at any time that may be necessary. This history will contain: The name of the girl, her home address, age, appearance, is there any physical defect, any impairment of sight or hearing, has she been successfully vaccinated, what disease or injury has she had, is there any trouble of the heart, lungs, stomach, bowels, kidneys or uterus; are both parents living, if so are they in good health, if either or both are dead what was the cause of their death and the age at which they died, was their previous health good; did either of their parents or any of their uncles or aunts have consumption or other hereditary disease? You will readily see that this is a matter of supreme importance. It places the school physician on the same footing with the family practitioner. It is a great protection to the girls themselves. It enables us to classify them in accordance with their physical conditions. It allows us to make suitable provisions for those Phthisical tendencies. Allowances can be made for defective hearing and sight, and for painful menstruation. In the event of an

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epidemic we know just what girls have not had the disease. If small pox threatens we know how many are unvaccinated. Disease is revealed in its incipiency and such steps as are justifiable can be taken. For instance a girl is suffering from dysmenorrhoea, shall we send her home? No, plenty of outdoor exercise between the periods, wholesome food, regular hours of sleep, regulate the clothing, keep her out of bad weather, regulate the bowels, and let her mind and body have rest during the menstruation and she will get well—with increased age and increased bodily vigor. On the other hand, if the girl is allowed to take a heavy course of study; if she attends school in all kinds of weather; if she is kept indoors long hours, if she stands examinations during menstruation and pays no attention to the skin, kidneys and bowels, she will inevitably leave the school a physical wreck. In book No. 2 will be kept an accurate record of each girl's physical condition at the beginning and end of each scholastic year. Her height, her weight, the vital capacity, the strength of the grasp in the right hand, in the left, the priniple measurements of the body —all will be accurately ascertained. In this work the most accurate instruments of precision will be used by trained women assistants. It is thus hoped that within a few years numbers will be benefitted and results obtained of great scientific value. During the past year there was an average gain in weight of 5.76 per pupil. the average age being 17 years and 2 months. A number of undersized girls showed marked improvement in weight and height. Of 312 girls 58 per cent. suffered from menstrual disorders; 25 per cent. had visual defects, one in twenty had lost one or more relatives from Tuberculosis; two had heart disease. Many other points can be ascertained by studying the charts. It is universally admitted that if we would have a healthy nation mothers as well as fathers must have sound physiques. Indeed Jas. G. Kiernan (15) has said: "Even in Mammals, not excepting man, the unimpregnated ovum is capable of imperfect development. The function of the male in heredity is therefore overestimated. The mother is the great factor in heredity. Paternal heredity is a prophesy of what may be not a destiny. A healthy mother may offset the paternal defects of generation." Conclusion: The number of pupils per teacher should be limited in order that the pupils may be classified and taught individually.

Froebel's kindergarten system is wrong—not in the manner of instruction, but in its effect on the pupil. In the primary schools the hours for study should be shortened and more time devoted to the study of nature. Girls should be allowed greater freedom in our

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colleges. Examinations should be abolished, or so arranged that no girl may be required to stand her examination during the menstrual epoch. The writer would not be misunderstood. The pedagogue and the physician must work hand in hand. There is a close correlation between Psychology and Physiology. The physician should not ignore the one, nor the pedagogue the other. Great good has been and is now being accomplished in all our schools, but there have been many violations of sound, well known physiologic and hygienic laws. It is the physician's province to call attention to them and it should be the pedagogue's desire to see them enforced, hence it behooves this State and every other State to see that physicians are appointed upon all the school boards within the State and that their recommendations are enforced. Then, and not until then, will you see the fulfillment of the old proverb, "mens sana in sano corpore." Educated men, educated women, sound in body and mind, is it a Utopian dream?

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DIAGNOSTIC AND THERAPEUTIC MEASURES OVERLOOKED BY THE GENERAL PRACTITIONER IN DISEASES OF THE STOMACH.*

By W. P. Harbin,

ROME, GA.

Of the more important and most common disorders of digestion enteroptosis and hyperacidity are very often overlooked, and it is the purpose of this paper to give some of the essential methods in diagnosis and treatment of these conditions. The important points in diagnosis are the test meal, palpation and percussion. The therapeutic measures are mechanical, dietetic and medicinal.

There are comparatively few who do this work exclusively, and of necessity the physician treats many of these cases. Very often the doctor is asked by his patients, who have had some chronic stomach trouble for a number of years, whether or not he can cure indigestion? The term, indigestion, is usually as indefinite a term to the doctor as it is to the patient. The exact nature of the trouble can only be determined in many cases by a test meal.

Before ordering a test meal it is necessary to ascertain whether or not there are any contra indications to the use of a stomach tube: The tube cannot be used when there is a gastric ulcer, acute gastritis, great embarrassment of respiration or circulation from any cause, or any other contra indication, to be determined by the judgment of the physician. This necessitates a thorough examination of the chest and abdominal cavity.

The usual test breakfast is taken in the morning on an empty stomach and consists of a roll, or two slices of white bread, and a glass and a half of water. One hour after this the tube is introduced to evacuate the stomach. The introduction of the tube may seem very simple and is simple, but a few words on this point may not be amiss: The apparatus usually used consists of a rubber bulb, to one end of which is attached a stomach tube and to the other end is a tube leading to a receptacle. Some throats are more sensitive than others, and where the pharynx is very sensitive the introduction may be attended with difficulty, which can be overcome by a little persistence.

On introducing the tube into the pharynx a resistance is first felt, but if steady pressure is made without coiling up the tube entrance to the oesophagus will be made easy. We should now push the tube as fast as possible, in the meantime tell the patient to breathe. After

*Read before the Tri-State Medical Society of Alabama, Georgia and Tennessee.

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entering the stomach the distal end of the tube is pinched and the bulb compressed, thus forcing a small amount of air into the stomach, increasing the intragastric pressure, which aids the flow of the test breakfast. Occasionally it may be necessary to make greater pressure by forcing more air into the stomach. If this fails, the patient is told to take a deep breath, retain it, and bear down. If this manoeuvre fails, the tube may be pushed in or withdrawn to cause retching, which will increase the intragastric pressure and thus facilitate the flow. When the bulb is filled with the contents of stomach, the tube is pinched and the test meal forced out. The portion of test meal thus obtained is filtered and tested for free and combined Hcl.

The apparatus used consists of a retort stand holding a burette, a small porcelain dish and a glass rod. The following solutions are needed: a 1-10 deci normal solution of potassium hydrate, a one per cent. alcoholic solution of phenolphthalein and a one-half per cent. solution of dimethelamido-azobenzol. Five cubic centimeters of the filtrate are placed in the porcelain dish and one or two drops each of the phenolphthalein and dimethelamidazo-benzol solutions are added. If free acid is present a cherry red color appears. The burette is filled with the potassium hydrate solution and the reading below the meniscus is taken in C.C. After this the hydrate solution is added drop by drop, all the while stirring with a glass rod until a faint canary color arises, and at this moment the reading in the burette is again taken. The difference in the two readings will give the number of C.C. used. This number multiplied by 20 gives the amount of free acid present. We continue adding the deci normal solution until the filtrate again turns to a cherry red, then another reading is made. The difference in the last and second readings multiplied by 20 gives the combined acidity. Adding the free and combined acid gives the total acidity. In a normal condition the total acidity is about 56; of this 10 is free and 46 is combined. By a total acidity of 56 it is understood that it takes 56 C.C. of the deci-normal solution to neutralize 100 C.C. of filtrate.

The subsequent part of this paper will be devoted to enteroptosis and hyperacidity:

Einhorn defines enteroptosis as a downward displacement of the stomach, right kidney and other organs of the abdominal cavity, at tended with digestive disturbances.

In this condition we find on palpation lack of tension in the abdominal muscles. A movable right kidney can be detected if the patient lies down, pressure being made with the right hand of the operator below the false ribs, at the same time making pressure with the left

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hand on the lumbar region. When the patient takes a deep inspiration, followed by a quick expiration, we then feel the kidney slip downwards and upwards, between the fingers.

The best way to locate the stomach is by the splashing sounds. After giving a glass of water on an empty stomach, the patient assumes a recumbent position. We then percuss the abdomen directly with the tips of the fingers, thus eliciting the splashing of water: The points at which the sounds are heard locate the stomach. The location may be at any point between the umbilicus and the symphysis pubis. Some of the corroberative signs of enteroptosis are an unaccountable weakness, dragging sensations and pain in the right side and epigastrum, all of which are increased on standing or walking. As a rule they cannot be thoroughly comfortable, except in a recumbent position. There is usually nervousness, constipation, flatulence and mucous stools.

The treatment of enteroptosis is first of all mechanical; by this we mean that the prolapsed stomach and other displaced viscera must be supported by an abdominal belt to maintain their proper circulation and function. To do this a belt must be worn between the umbilicus and symphysis pubis in such a way as to exert most pressure from below, i. e., a pressure must be made upwards and backwards to float the intestines up, supporting the stomach and at the same time increasing the abdominal tension. Teufel's bandage is one of the best. C. W. White & Co., of Boston, make a summer ventilated bandage to which perineal straps of rubber tubing can be attached, making a very efficient bandage.

Lavage often relieves the discomfort in the epigastrium and seems to have a tonic effect on digestion. The intra gastric application of the faradic current increases the strength of the involuntary muscles of the digestive tract and the voluntary muscles of the abdominal wall. It is applied by the use of Einhorn's deglutable electrode. This is made of a small piece of metal covered with a smooth, perforated, oval shaped piece of hard rubber. The connection with the electrode is by an insulated wire. The electrode is placed in the pharynx and the patient told to swallow; after this it is washed down by drinking a glass of water On entering the stomach the water goes through the perforations and is in contact with metal electrode; in this way the electricity is applied to the walls of the stomach through the water as a conductor. With this electrode in the stomach and a sponge electrode on the abdomen we can faradize the greater part of the digestive tract and the abdominal muscles. There is but one point to be remembered: When we go to remove the electrode it hitches just within the oesophagus. At this point it is not well to

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pull with force, but tell the patient to swallow, and as the larynx reaches its highest point. make traction, and it comes away readily.

The medicinal treatment will depend largely on what is revealed by the test meal: Usually there is hyperacidity, the treatment of which will be given hereafter. The nervousness must be relieved by bromides. If there is no appetite an excellent combination is ten drops of tr. nux vomica and 20 drops of fluid extract of condurango, one-half an hour before meals. Constipation is often relieved by fluid extract of cascara or powdered rhubarb.

The diet will also depend on the result of the test breakfast. In a general way, starches, fats, sweets and milk are to be avoided; of the fats butter is most easily digested. As a rule the patient should increase the amount of food taken, and to do this we often have to insist on eating more, as they fear the discomfort after eating. Often discomfort may follow, but the patient is better nourished, which is the main object in these cases.

A few of the diagnostic symptoms of hyperacidity are burning sensations, fullness, sour stomach, discomfort or pain one or two hours after eating. There is at times sleepiness, a tendency to depression of spirits and constipation. It is found in the sthenic type, the patient being well nourished, and having as a rule a good or abnormal appetite. Many of these symptoms are relieved by alkalies and foods rich in albumen. On palpation of the epigastrium there is great tenderness, which might lead one to expect gastric ulcer. A positive diagnosis cannot be made, except by a test breakfast.

The treatment consists of exercise, a proper diet, the use of alkalies, bromides and lavage, with calcined magnesia in the mornings before breakfast. The diet should consist largely of albumen, as eggs, lean meats, game, steak, mutton, chicken, oysters and milk. Of fats, butter is most easily digested, and should be given in large quantity. A few well cooked, easily digested vegetables may be given. Avoid highly seasoned foods, tea, coffee, starches, sweets, fats and acid. There should be freedom from mental worry or excitement especially after meals. Calcined magnesia will neutralize twice its own weight of hydrochloric acid, and is probably one of the best remedies to neutralize the excess of secretion.

A report of two cases is given below, to illustrate the preceding subject:

Case No. 1. Mrs. ——. Age 46. Present trouble began 17 years ago; has been an invalid most of the time. For the last two years she has been confined to bed, complaining of loss of appetite, flatulence, obstinate constipation, extreme nervousness, great weakness, severe

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pains, and a sensation of dragging in the back and epigastrium. On attempting to walk there is an overwhelming sense of weakness, an increase in the pain and dragging sensations. She sleeps only three or four hours a night. The patient is pale, emaciated and anaemic; there is no organic disease of the heart or lungs. There is a movable right kidney of the third degree and a prolapse of the transverse colon.

A test meal was given and revealed a combined acidity of 10 and an absence of free acid. A diagnosis of enteroptosis and chronic gastric catarrh was made, and the following plan of treatment given:

Lavage in the mornings before breakfast; every other day intra gastric faradization. An abdominal belt was fitted to support the viscera. She was given ten drops of tinct. nux vomica and 20 drops of fluid extract of condurango one-half hour before meals, and 12 grains strontixum bromide in water after meals. For constipation she takes a pill containing enonymin, leptandrin, podophyllin, extract of calabar bean and oil of cloves.

There has been a gradual improvement; she can walk for the first time in two years. Rarely has to take bromide. Pain and dragging sensations are better. Bowels easier to move. She is stronger, eats her meals without discomfort for the first time in two years. Has less flatulency, relishes her meals, sleeps three or four hours more in a night and has gained five pounds in six weeks. Lavage and electricity relieves the pain and discomfort in the epigastrium.

Case No. 2. Mrs. ——. Age 33. Present trouble began about 10 years ago. Complains of extreme weakness, loss of appetite, nervousness, constipation, flatulence, at times sour stomach, dragging sensations and pain in the epigastrium and back. On physical examination the heart and lungs are normal. On palpation there is a lack of tension in abdominal muscles, a movable right kidney of the third degree. The splashing sounds are three inches below the umbilicus. About seven years ago her physician treated her for indigestion without relief. After this he removed her ovaries for the benefit of her digestive disturbance, but the latter continued.

After giving a test meal an acidity of 126 was found; of this 38 was free and 88 combined acid. A diagnosis of enteroptosis with hyperacidity was made and the usual treatment given and followed by great relief.

PRACTICAL DEDUCTIONS:

1. Every general practitioner can make a diagnosis of gastroptosis by the splashing sounds. By palpation he can recognize a nephoptosis and greatly relieve both conditions by an abdominal belt.

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2. One-half of all digestive disturbances are attended with hyperacidity.

3. We cannot diagnose hyperacidity with certainty, except by a test breakfast.

4. Lavage in mornings before breakfast with calcined magnesia relieves the pain and discomfort of hyperacidity.

5. The intra gastric application of the faradic current gives strength to the involuntary muscles of the digestive tract and the voluntary muscles of the abdominal wall.

6. The physician and gynecologist too often consider gastric symptoms as a reflex disturbance of diseased female generative organs.

THE DUTY OF THE PROFESSION AND THE NEED OF STATE SOCIOLOGICAL SOCIETIES IN THE DEVELOPMENT AND EDUCATION OF THE RACE.*

By R. R. Kime, M.D.

ATLANTA, GA.

"In union there is strength;" so is knowledge power, and either may be utilized for good or evil.

United knowledge gives an irresistible force which may be directed to good or bad purposes.

It was found that primitive man in his first estate needed company so he was given a prop to lean upon which he utilizes to this day.

Man, like misery, loves company and with his leaning propensities becomes really and truly a social being.

It has been said, "no man lives to himself alone;" especially is this true of this day and generation.

Organizations, trusts and combines are the order of the day, and he who undertakes to stem the tide alone is tossed to and fro by the tidal waves of public opinion.

When you are once started it is an easy matter to float down stream or ride the ocean waves, but when the storm comes and you are beyond your depth then you are lost unless perchance some organized life saving crew is ready to lend you a helping hand.

On life's voyage across the ocean of time many a soul is lost for lack of an organized crew to save them.

It is here we need organized effort, not only to save, but to point

*Read before the Tri-State Medical Society of Alabama, Georgia and Tennessee.

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out the dangers that lie ahead and prevent injury in life's journey to that final resting place "beneath that green curtain which never outward flows."

We need organized united study of man's relation to man along sociological lines.

Commercial interests, labor, capital, physicians, lawyers, dentists, teachers, and even the evil influences of the day are organized for the preservation of their several interests.

We have the different charities, churches, and secret orders for special lines of work, but where is the society that studies man's relation to man, endeavoring to develop a higher standard of life physical, moral, mental, and spiritual?

An organized, united, collective study of man sociologically is the pressing need of the hour.

The combined knowledge of the scientist, physician, minister, lawyer, educator, as well as the financial, industrial and commercial interest are needed to develop man to that high standard of living for which he was designed and created.

To attain the best results, men representing these several interests should come together on one common ground and discuss the various problems of life and the development of mankind from their individual point of view so as to give us broader conceptions and more definite knowledge of man as a social being.

Briefly stated, sociology is the study of man's relation to man, and should be based upon right living, so as to secure the greatest good to the greatest number.

We wish it distinctly understood that we do not advocate socialism nor communism and should not be classed as socialist nor anarchist, but sociologists.

A sociologist is one who studies and investigates man's relation to man, endeavoring to eliminate crime, vice and disease, seeking to elevate man's physical, moral, intellectual and spiritual characters.

A sociological society is an organized body, the object of which should be, first, the study of crime, vice and disease, endeavoring to institute measures for their prevention; second, to educate and instruct the masses; third, to develop a higher standard of physical, moral, intellectual and spiritual life.

No society could have a higher or more noble purpose and object than this.

As we advance along sociological lines we are impressed that the greatest, grandest and noblest study of man is mankind.

A man is only a unit in the great social realm and should be studied

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not only individually but collectively if we desire to attain the greatest good to any community, State, or nation.

There is an individual and social responsibility connected with every human creature.

The physician is not only responsible individually as such, but owes some obligations to his profession to maintain its standard, and is also responsible as a citizen in the community where he resides. He is constantly weilding an influence for good or evil, an influence that uplifts and inspires to higher actions and nobler deeds or an influence that tends to lower the common level of humanity.

I am not dealing in idle words, for life is too short and man's responsibility to man too great to be insincere and trifle with such questions as these.

We may shirk our responsibilities and evade our duty to mankind now, but when we come face to face with the ultimate results of our acts and influence in life, then we will not look through a glass darkly but with a retrospective view and reflect seriously on what we might have done if we had only improved our opportunities.

The true physician of today deals not only with the physical, but the mental and moral nature of mankind, and perchance even the spiritual at times. He lives not alone for personal, individual success, but upon that broader plane that elevates, develops and improves mankind. His duty is not only to relieve the sick and suffering, but to uplift the fallen, encourage the weak and warn the erring of the consequences following vice and immorality. It is well for us to pause occasionally and meditate upon our position and relation to the general public, whether it be for good or evil.

Some physicians seem to think they have but little to do with the mental or moral, and have only to deal with the imperfections of the physical. How shall we recognize the abnormal except as a deviation from the normal, and how shall we deal with an effect other than empyrically, unless we recognize the cause? Can we have a perfect mental or moral condition without a proper physical basis? Can the physical long remain normal with a diseased mind, or a depraved moral nature? "The evil men do lives after them, the good is often intered with their bones." So the physical diseases and physical defects are buried with the body, while more frequently the mental and moral characteristics and defects are transmitted to the third and fourth generations.

We would gladly relieve ourselves of the responsibilities of considering these higher characteristics of mankind as physicians if it were possible, but can we consistently and conscientiously do so and dis-

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charge our duty as physicians and benefactors of the human race? I think I can safely assert that at least one-fourth or one-third of the disease and ailments the physician is called upon to treat are due to immorality and intemperance, and if considered in a broad sense, fifty per cent.

It is evident such diseases are preventible by proper instructions and moral influences. To this influence the physician does and must contribute, else cease to exist. He either helps to build up or tear down by precept, example and advice. He can not be neutral and make a success. He unconsciously exerts an influence in the community in which he lives for good or evil over his associates and those who know him in proportion as his ability is recognized. The responsibilities are before us; as a learned profession can we discharge our duty and evade it? Is it the noblest ambition and highest calling of a physician to simply relieve the sick and gather a few paltry dollars for the same? There is a higher and nobler life for every one of us and duty calls in accents that can not be mistaken. Mankind is mentally, morally and spiritually diseased and our duty calls not alone to the physical. We all know full well the relations of each and can but realize the necessity of a combined study of man in his relations in life, thus evolving Sociology.

The various societies that now exist are mostly for special individual lines of work else represent some professional or secular interest.

To the mind of the writer what we need in this day and age is an organization to promote the study of mankind individually and collectively, to study man as a unit and as a social being, not only in the development of his individual character but in his various social relations. Communities, cities, States and nations have their peculiar characters made up of the individual units that compose each, thus the greater number of any given kind establish the name and character. Hence the necessity for reaching the masses in endeavoring to elevate the standard of a community physically, morally and intellectually. Public opinion will and must be moulded.

If not done by those that desire a higher and nobler standard of mankind, it will be done by those that seek after gain even at the sacrifice of all that is noble and good in man.

Let me urge the medical profession individually and collectively to arrouse to the duty of the hour and contribute their share individually and collectively in an organized effort on a broad plane to uplift and better mankind.

The medical profession from education, experience and environment should understand better and know more about the physical, moral

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and mental of mankind than any other profession. Knowing more their responsibilities are greater both by precept and example.

Because of their knowledge and social relations in the community and with their patrons, their influence is greater for good or evil. Many a child or young man or young woman is influenced through life by the advice, counsel and daily example of the physician in whom they have placed confidence. Do you know this day how many boys and young men in your community you influenced by your daily walk and example in life? Is that influence such as you will feel that you can commend when life's work is done and your professional career ended? Is it such that you would advise your son or your neighbor's son to follow as leading to a higher and nobler life, giving the greatest good to humanity? "Words once spoken and deeds done are as white winged birds that take their flight never to return again." So with our deeds and influence, whether we will it so or not, they are daily adding to the sum total of human life and tend to an uplifting or degrading of humanity. Time is made up of minutes and seconds, life of little things, especially in the beginning. So it is with vice and immorality. Our life is principally formed of minor details and daily deeds, at first trivial and insignificant, but when oft repeated they form good or evil characters.

So it is with communities, States, cities and nations, the daily deeds often repeated are the principal factors in forming the character of each. Where the majority of the people are intellectual and highly moral, that community has a high standard of character. Where the majority are intemperate, saloonkeepers and gamblers, the standard is correspondingly low. A community, State or nation is just what its citizens make it. Shall Alabama, Tennessee and Georgia raise or lower their standard of character? It depends upon their citizens and the effort they make to educate and elevate the masses. All citizens, all professions, collectively and individually, are responsible to the extent of their capacity and opportunities. Each commits a sin against the community, State and humanity when they fail to recognize their opportunities and utilize the same for the uplifting and bettering of the human race. It is not only the duty of the medical profession but all other professions, as well as the financial and industrial interests of a community, State and nation to unite in elevating the standard of citizenship.

A union of all such interests will prove far more effective than either working alone. In such union there is not only strength but an interchange of opinions that educate and develop those participating in the work, giving them broader and better views and better conceptions of the needs of humanity.

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A society on a broad basis, non-political, non-sectarian in character, the sole object of its existence being to investigate and study the primal causes of crime, vice and disease, eliminating, suppressing or controlling each so far as possible and consistent with existing conditions.

It is not enough that we study and develop the physical, for at best it is only a foundation for the mental, moral and spiritual. They are so linked one interdependent upon the other that if we desire to attain success, we must study the mental, moral and spiritual with the physical.

A society thus formed would be really and truly prepared to study and investigate any subject that pertains to the welfare of mankind.

Among the more important subjects at present demanding attention might be named tuberculosis, alcoholism, insanity, crime, the negro problem, child labor, education, public schools, etc. Permanent committees of competent persons appointed to study and investigate each subject and report at annual meetings can gather a vast fund of information which will be of incalculable value in developing the race and eradicating evil.

At the annual meetings papers can be presented on other subjects the discussions of which with the discussions of the various committee reports would be of great educational value.

The printing and distribution of such transactions would also reach many others, and tend to mould public opinion and sentiment.

Such an organization could print literature pamphlets, leaflets and distribute them throughout the State reaching the masses and giving them such information as will uplift and better their condition.

Lectures on sociological subjects could be given in various parts of the State, thus reaching a vast number of citizens and stimulate within them a desire for better things.

We are glad to state today that Georgia has a State Sociological Society which has a membership of over one hundred.

Among its members are men and women leaders of thought in the State. Many of the papers read at its first annual meeting would do credit to any society in the United States.

The transactions will soon be printed and they will be worthy of a place in every thinking man's library. The Georgia Sociological Society bids fair to be a great factor in the education of the masses, development of the people and moulding the public sentiment of the State. We hope to see other States organize such societies for the good of humanity and aid in pushing forward the work so that we may ultimately have a national organization.

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Such a national society with a southeast, southwest, northeast and northwest division to discuss subjects peculiar to each section would form a power for good second to none in our land.

We hope this society will take the initiative in organizing State Sociological Societies in Alabama and Tennessee.

There are various subjects of common interest to these States that might be considered with profit, among which we might mention uniform laws on marriage, divorce, child labor, crime, responsibility and treatment of the criminal, and last, but not least, the better regulation and control or elimination of the liquor traffic. Such things can be done by instructing and educating the masses, by moulding and directing public opinion and sentiment in proper channels for ultimate good to humanity.

Will we improve the opportunity and aid in the establishment of a higher standard of citizenship, lifting the masses to a higher plane of life, developing a purer and better race, or, will we stand by with folded hands and see the evil influences of the day degrade and destroy our fellow beings without an earnest effort to save them? We are told by those that have made a study of the subject that crime and vice are on the increase and when we consider the way in which the average American lives, his development, the amount of alcoholics, opiates, cocaine, coca cola and coal tar derivatives used, the habit of indiscriminate dosing with patent medicines, the free licenses given criminals, degenerates and diseased to marry and propagate, with the free license of the press to publish sensationalism, details of assassins, crimes and immoral stories, even the hot bed of anarchy to exist in our midst, and to cap the climax a Bishop in a leading church to give his voice and influence in favor of the saloon as the poor man's club. Then it is we are overwhelmingly impressed with the need of Sociological Societies.

Yes, Sociological Societies in every State. and in every county and city in the State.

THE METHODS OF USING ARGYROL. 1.*

By A. C. Barnes, M.D.,

PHILADELPHIA.

In accepting your kind invitation to read a paper before you I am deeply conscious of the honor conferred upon me, because many of your members occupy positions equal in honor and eminence with the leaders in modern progressive medicine. The subject I have chosen was selected for two reasons: first, as a body of practical phy-

*Read by invitation at the annual meeting of the Tri-State Medical Society of Alabama, Georgia and Tennessee, Birmingham, October, 1902.

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sicians interested in the extremely important question of the treatment of disease, my subject will probably be interesting; second, my paper will be of the nature of an open letter in reply to many inquiries received from physicians in practically every State of the Union.

The original report of my colleague, Dr. Hermann Hille and myself, Medical Record May 24, 1902, concerning our discovery of a new silver salt was given considerable prominence in the medical press of America and Europe particularly because of its wide field of application in therapeutics. This salt now known as Argyrol is chemically silver vitellin, the principal features of which are, the high amount of silver contained, its easy solubility, its intense penetrative action and its freedom from the irritating properties possessed by the other silver salts. It is beyond the scope of this paper to deal with the chemical nature of the salt, and those interested therein are referred to our original report.

It is to the clinical applications of Argyrol that I would now direct your attention and more especially to the methods of using the product in inflammatory conditions of the eye, ear, nose, throat and genito-urinary organs. The methods herein mentioned are those employed in the various clinics in many hospitals including the University of Pennsylvania, city hospitals of New York and Boston, Jefferson, Good Samaritan, Berlin Polyclinic, Children's Hospital, Philadelphia, and in some eye and ear infirmaries of several of our large cities, by surgeons whose names and reputations are well known to you: Martin, Thompson, Horwitz, Swinburne, Christian, Lewis, Lederman, Mellor, etc. Most of these surgeons are preparing or have already finished, clinical reports embodying their experiences with the salt which will be published shortly. My paper will be merely a short resume of the methods of using the product now in vogue.

Diseases of the Eye: Those oculists using Argyrol employ it in the conditions formerly treated by silver nitrate or protargol. The rationale of its use in these diseases is based upon its high proportion of silver, its deep penetrative action and its entire freedom from irritating properties—for instance: A 20 per cent. solution of Argyrol corresponds to about a 10 per cent. solution of silver nitrate, yet this strength of Argyrol may be dropped in the normal eye without producing irritation or discomfort.

In purulent conjunctivitis a 25 per cent. solution has been found to be the proper strength for routine use. Well established cases of ophthalmia neonatorum, thus treated will be eradicated in 2 or 3 days. In the last 10 cases of this affection treated by Mellor at the

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University Hospital one day's use of 25 per cent. solution Argyrol, sufficed to rid the eyes of pus and effect uninterrupted recoveries. The Argyrol solution should be dropped in all parts of the conjunctival sac every 3 or 4 hours. With treatment instituted early in the disease corneal complications do not occur.

Gonorrheal ophthalmia is best treated by strengths of 25 to 50 per cent. solution according to the stage and extent of the infection. In very severe cases a 50 per cent. solution instillated every 2 or 3 hours produces a reduction of the purulent secretion and affords comparative relief from pain.

An ordinary early case of this disease treated with free use of 25 per cent. solution every 2 or 3 hours will terminate within a few days. For the catarrhal condition of the conjunctiva resulting from gonorrheal ophthalmia many oculists direct the instillation of a 10 per cent. solution of Argyrol 3 or 4 times daily; this may be done, with perfect safety by the patient at home.

The effects of Argyrol in trachoma are still unsettled. Gilfillan, of New York, used it at the House of Refuge with indifferent results; Thomson mentions one very pronounced case in which the lids were so swollen that it resembled ptosis and in which he obtained great improvement by painting the affected lids with 20 per cent. Argyrol solution; this case had been treated with protargol without benefit.

For ordinary catarrhal conjunctivitis a 5 or 10 per cent. solution for use by the patient at home 3 times daily, with the occasional local application of a few drops of a 25 per cent. solution by the attending physician, produces in most instances prompt and permanent benefit; this same method of treatment is employed in blepharitis, blepharoconjunctivitis and blenorrhea. The most suitable strength for all-round office use in treating corneal ulcers and the ordinary inflammatory conditions of the eye is 25 per cent; this strength does not cause irritation or discomfort.

The methods of using Argyrol in diseases of the nose, throat and ear are perhaps best illustrated by quoting the experience of Dr. M. D. Lederman, of New York, who has been using it for four months in his private work and at his clinics at the Manhattan Eye and Ear Hospital and at the New York Polyclinic. Dr. Lederman states: "I have employed solutions from 10 to 50 per cent. in catarrhal manifestations of the nasal, pharyngeal and laryngeal mucous membrane; the applications were made with the usual cotton carrier every other day. The advantage this silver salt distinctly demonstrates is its freedom from irritation when applied to sensitive mucous membranes. In acute and subacute laryngitis, I have used a 10 per cent. solution increasing to 30 per cent. without the least unpleasantness to the pa-

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tient. After 2 or 3 treatments the congested appearance of the membrane gradually left and the voice returned in good volume; I particularly noticed that the harsh and dry sensation produced by silver nitrate was never experienced. The secretion was promptly stimulated by the Argyrol solutions and produced a comfortable feeling of moisture in the pharynx and larynx. In post-nasal catarrh the character of the discharge was influenced by the Argyrol solutions (20, 30 and 50 per cent.): The thick plugs of mucus so frequently expectorated in cases of naso-pharyngitis and in inflammations of the lymphoid tissues in the pharyngeal vault, became more fluid in consistency—showing the stimulating effect of the drug upon the mucous glands—and thus permitted the re-establishment of the normal function of the membrane and relieved the annoying symptoms of hacking and dropping in the throat; the same effects were noted from applications to the nasal mucous membrane.

The bland nature of the Argyrol solutions was especially observed in cases of so-called "Hay Fever." Ten and 20 per cent. Argyrol solutions while naturally exciting some sneezing, as would result from any foreign element, seemed to lessen the existing hyperaesthesia and retard the excessive flow of secretion; this blenostatic action I believe is due to the deep penetration of the Argyrol.

The decided anti-germicidal action of the salt is illustrated by its effects in cases of chronic purulent otitis media with osseous necrosis. In these cases I employ a 50 per cent. solution, freely in the middle ear cavity without any annoyance to the patient. The purulent character of the discharge is obviously modified after a few treatments and assumes a mucoid appearance."

In empyema of the antrum of Highmore, Hitscher, uses a 50 per cent. solution of Argyrol once daily and notes prompt disappearance of the purulent discharge.

Genito-Urinary Diseases: Dr. Orville Horwitz, Professor of Genito-urinary Surgery, Jefferson Medical College, treats acute cases of Gonorrhea by ordering the hand injection of a 5 per cent. solution of Argyrol several times daily with whatever modifications and additions to treatment the cases may demand.

In acute gonorrhea, Dr. H. H. Christian, Professor of Genito-Urinary Diseases, Philadelphia Polyclinic, employs a 2 to 5 per cent. solution by injection (by ordinary hand syringe), 3 or 4 times daily; the solution is held in the urethea five minutes. If the entire urethra is involved, he employs daily irrigations of 1 to 1000 solution.

In chronic posterior urethritis he makes deep instillations of 5 or 10 per cent. solutions. Of his first 48 acute cases thus treated, 43

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showed complete disappearance of gonococci from the discharge within 14 days; 38 of these patients were discharged cured in from 2 to 4 weeks. In no instance did the injections produce irritation or discomfort.

Dr. G. K. Swinburne, Surgeon to the Good Samaritan Dispensary (the largest genito-urinary clinic in New York), has treated over 400 cases of gonorrhea with Argyrol. His methods are as follows: In acute cases he irrigates the urethra daily with a 1 to 1000 or 1 to 2000 warm Argyrol solution and follows this by a 2 to 5 per cent. injection. If the patient cannot report daily, he orders the home use of a 2 per cent. injection. He uses Argyrol solution for irrigation where formerly he used potassium permanganate or protargol, because of better results and greater comfort to the patient.

In posterior urethritis and cystitis he makes deep instillations of a 5 or 10 per cent solution. In chronic cases and in those requiring sounds he employs an ointment of 5 per cent. Argyrol in lanoline, the ointment being distributed along the urethra by the successive use of several sounds upon the end of each of which the ointment is placed.

Briefly stated the advantages noted in the Argyrol treatment of urethritis are: the shorter duration of the disease, the power of the drug to allay the inflammation, the comparative comfort afforded the patient and the entire freedom of the injections from irritating properties.

Diseases of Women: In specific urethritis in the female Kevin injects a 10 per cent. solution into the urethra and bladder. In purulent conditions of the vaginal mucous membrane, the vagina is douched with 1 to 2000 or 1 to 1000 Argyrol solution, after which local applications of a 25 to 50 per cent. solution are made through a speculum; these same methods are employed in ulcerations and erosions of the cervix.

Cases of cystitis are irrigated with 1 to 1000 solution followed by the injection of a 5 or 10 per cent. solution into the bladder which is retained there for a few minutes and then discharged by urination.

In obstretrics, Argyrol is probably destined to play in important part because of its usefulness as a prophylactic against ophthalmia neonatorum. In several maternity hospitals the instillation of a 1 or 2 per cent. solution into the newly-born infant's eyes, is a routine practice.

Other clinical conditions in which the use of Argyrol has been suggested and is being tried are erysipelas (suggested by Dr. E. B. Gleason, Medico-Chirurgical Hospital as local applications 25 to 50 per cent. solution), and certain pathological conditions of the mouth

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and teeth (suggested by Dr. W. H. Snider, of the University of Buffalo). It is too soon to make any positive statements of the methods or effects of using Argyrol in these two latter conditions.

It will be noted in reviewing my paper that Argyrol has been used in almost every branch of surgery, but it will be recalled also that silver has been for many years the principal drug in nearly all of these conditions. Silver nitrate is a very valuable remedy, but its chemical nature necessarily endows it with certain drawbacks, viz: it is irritating, caustic, is chemically changed by the secretions, and is not penetrating much beyond the surface. Argyrol is not chemically changed by the secretions, possesses intense penetrative power, whereby the effects of silver are exerted in the sub-mucous structures (where they are most needed), and may be used in any structure of the body, in almost any strength without destroying tissue or producing irritation. Furthermore (as all the surgeons mentioned herein have noted and commented upon), Argyrol has one very marked property, i. e., its effects in allaying the signs and symptoms of inflammation.

THE MEDICAL PROFESSION AND ITS DUTIES TO THE PUBLIC.

(Abstract of Address delivered at the Banquet of the Tri-State Medical Society in Birmingham, Oct. 8th, 1902.)

By W. E. B. Davis, M.D.

BIRMINGHAM, ALA.

Professor of Gyneecology and Abdominal Surgery, Birmingham Medical College; President of the Southern Surgical and Gynecological Association; President, 1901, American Association of Obstetrics and Gynecologists; President, 1900, of the Section of Diseases of Women and Obstetrics of the American Medical Association· Honorary President of Section on Abdominal Surgery of the First Pan American Medical Congress; Honorary Fellow of the New York State Medical Society and of the Louisiana State Medical Association; Member of the Alabama State Board of Medical Examiners.

It has been said: "This is the golden age for physicians."—"Every country is bent on overwhelming them with honors and dignities." In the coronation of King Edward the medical profession out stripped all the rest in the reception of honors. A physician has recently become the premier of France. In the United States "Dr. Wood, a medical man, is on the high road to the command of the army;" Virchow, the greatest pathologist the world has ever known, was also a great statesman. He was the bane of Bismarck's life. In the early part of the reign of Queen Victoria "physicians had virtually no place in European society. Today we find doctors being ennobled by nearly ever-

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one of the sovereigns of Europe." "It is astonishing that so many years, nay, even centuries should have elapsed before the medical profession came to be appreciated at its true worth." (New York Tribune). The greatest and most powerful of the land are not exempt from human ills, and when rendered helpless by sickness or physical injury, they are compelled to yield obedience to the directions of the physician—no matter what his birth. Mark the responsibility of the physicians of the lamented McKinley and those of King Edward—"The entire civilized world looked to them and their skill to avert the domestic and international crisis necessarily involved by the death of the executive of a great power, be he Emperor, King or President of a Republic." Physicians have in some instances felt the responsibility so greatly that they took their own lives when mistakes in the treatment of their patients resulted fatally.

It affords me very great pleasure to welcome this association, composed as it is of all classes of the profession—the country as well as the city doctor—the general physician as well as the specialist. I have watched its growth with intense interest. I was identified with it in its early history and have been a regular attendant at its meetings since. It was at its third meeting, I first attended, Dr. Robert Battey being the president. I was elected president to succeed Dr. Battey. The honor was doubly appreciated from the fact that I was Dr. Battey's choice as well as the unanimous choice of the other members.

I welcome you to this city where I have spent the greater part of my professional life. You know much about its great mineral wealth and of its other industries, but there is much that I wish it were proper for me to tell you of our local profession. They are a noble band of workers who have shown by their labors and sacrifices that their thoughts have not been entirely of themselves. There are old men in the profession who have kept pace with the rapid advances of our science, and their lives have been all that could be desired to inspire the younger members who have come from the great universities, with hospital experience and endowed with much energy and great ambition, to the highest ideals and noblest lives. I could select a dozen from the profession of this city whose results in hospital or private practice would compare favorably with an equal number from any city in this country. It is not generally known what a strong profession we have. Dr. Jerome Cochran, the greatest medical organizer in America and the father of the Alabama Medical Association (under its present constitution), said that

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the Jefferson County Medical Society had no rival in Alabama, and I say in the South.

This great profession has labored hard to induce the city of Birmingham to inaugurate everything institutional and sanitary for the welfare of its people, and while it has been highly successful in many respects, in some, I am sorry to say, it has failed. While we have hospitals here, yet we have no truly charitable institution for the care of all the sick of the poor class. St. Vincent's Hospital is a grand institution and reflects the greatest honor on its promoters, yet it is dependent on the income from its private rooms and ward beds for its running expenses, and hence it is necessarily forced to refuse the majority of the poor who need hospital care.

The Hillman Hospital has been run in a limited way since its building at Smithfield was destroyed by fire, and has depended very largely on the income from its private rooms and ward beds for its running expenses. So while the city has been benefited by both they have not supplied what is needed—a truly charity hospital, where any reputable physician's certificate would admit the sick to its wards—provided it is not a contagious or very chronic case. It is the duty of the medical profession and newspapers to use their influence to induce the city and county to appropriate sufficient funds to make the Hillman a charity hospital, not only in name, but in fact. Such a hospital this city has not had since this hospital was conducted in its permanent quarters at Smithfield several years ago. It will be a reflection—yes, a disgrace, to this magic city of the South if we do not induce the city and county to make it as much, and I beg of every one present, especially the newspaper men, to go out from here tonight and work to that end. We need education badly along these lines. Free schools are of no more importance. The neglect of providing for hospital care for the poor of this community is as harmful as failure to take strong and active steps in regard to our typhoid fever infected water. Many deaths have resulted from this cause and more have suffered from the disease. The medical profession has done its full duty in the matter. More than a year ago it expressed its opinion of what was required in unequivocal terms, that could leave no doubt in the minds of the people. I was president of the Board of Health at that time, and had instituted an investigation which resulted as above.

Your President, Dr. LeGrande, was made chairman of that committee and will bear me out in what I have stated. I cannot too strongly express my appreciation of the services of this committee.

The neglect of our water supply is fraught with greater danger than

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the failure to provide safer measures at our railroad crossings, where accidents are occurring almost weekly. The suffering and loss of life are tenfold greater from the contaminated water.

It is a sad commentary on this community that the death rate is larger than any other city of its size in the United States with one exception, according to a recent publication in a health journal.

From the present indications filtration plants are to be contemplated only in the very, very distant future. It has been almost a year since it was decided by the city that filtration would be required, and yet what has been done? The medical profession did its duty—its full duty—but it could not cope with the schemes of water companies. Only this week I was attracted by large headlines in one of our city papers:

"Makes Proposition to Water Company. Special Committee on Filtration Plants Holds Meeting—Time Limit is Named. North Birmingham Plant Must be Finished Within Twelve Months and Cahaba Plant in Eighteen Months, or Free Water."

And what followed—the plants were to be ready "unless prevented by strikes, riots, the act of God or the public enemy"—or failing to do so to pay a penalty of furnishing free to the city water at the fire hydrants until the plants are completed. Now, is not this most ridiculous and preposterous—the idea of calling this a penalty, when the company would prefer to furnish water free for the fire hydrants till the millenium rather than install and keep up these filtration plants. Certainly the medical profession has not the sort of ability to make it equal to coping with the like of this. The people need to be informed and at the next election the men should be committed on an annual allowance for a charity hospital and the city ownership of the water supply or the better control of the present one.

It is notable that many of the greatest medical men of the South have moved to New York, and other northern cities to practice their profession. This has been due largely to the fact that the fees in the South for professional services have been too small to adequately remunerate them for their services. However, with the South's great increase in wealth, this condition should no longer obtain. The public should be educated to know that an operation which involves the life of a patient should be liberally paid for. A man with $25,000 should pay at least $500 for such an operation. If worth $50,000, $1,000 would be a reasonable fee; if $500,000,, $2,500 to $5,000 would not be too much; for a millionaire from $5,000 to $10,000 would not be a large charge. I refer to this fact because Emmett, Thomas, Simms, Wyeth and many others have given up the South partly on that account. In order to hold our men we must be more liberal in re-

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munerating them. A couple of years ago a very wealthy man in an adjoining State brought his wife to a surgeon in this city, after she had been repeatedly operated upon unsuccessfully. The operation was a very important one and the surgeon charged $2,500 for the operation in addition to the hospital expenses. He paid the charge but expressed the opinion that the fee was large. Yet he had expressed a willingness to take his wife to Europe, if necessary, to have her cured.

The reverse of this experience was in the case of a gentleman of this city who did not have one-fourth the money of the one just referred to, yet after his wife had undergone a very serious operation and her life saved, when a bill for $1,000 was presented he not only promptly sent a check for the amount, but wrote a letter in which he said the bill was reasonable and that money could not pay the debt he owed for such services.

According to Mr. Edmondson the population of the South is now only 5,000,000 less than the whole country forty years ago. The total wealth of the South is $16,000,000,000—as much as the United States in 1860. The value of our manufactories is now nearly equal to the whole country then.

Says Mr. Edmondson: "In the natural resources and advantages for the creation of wealth no other section of the world can equal the South." It has hardly commenced its real development. "We have been simply scratching on the ground to find what we have." It produces three-fourths of the world's cotton crop, and yet we have only 7,500,000 spindles out of a total of 106,000,000 in America and Europe. We have more coal and iron than the North, and yet Pennsylvania, smaller than Alabama, has $350,000,000 more capital invested in manufacturing than the fifteen Southern States. In the words of a distinguished Englishman, "It is to be the Gibraltar of the lights and fuels of the world. No limit can be set to the potentialities of the South."

It is with pride that I refer to the early achievements of the surgeons of the southern portion of our country. In the early dawn of the 19th century it was sparsely inhabited and patients came great distances to consult the surgeons of reputation. Hundreds of miles would often be traveled on horseback for this purpose. It is with mingled admiration and wonder that we contemplate, in 1809, a woman with a large ovarian cyst traveling on horseback more than sixty miles to Danville, Ky., to have it removed without an anaesthetic by that most remarkable of men, Ephraim McDowell, who thus became the father of abdominal surgery.

Fifty years later in a small city in Alabama plastic surgery had its

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origin in the invention of the speculum of Sims and in the genius who conceived it and perfected the operation for vesico-vaginal fistula. In the language of Haggard, "You will sustain me when I claim that gynecic surgery with all its brilliant gems owes it present exalted position to the illustrous Sims, no less than abdominal surgery owes its origin to the world renowned McDowell. They have conferred on the South the honor of being the birth place of gynecology and the outcome of their labors has no parallel in the annals of surgery."

Thirty years ago pelvic surgery was initiated in a small village in Georgia, and the patient whose ovaries were removed by the vaginal route, still lives in that community. It is true that Robert Battey did not have the correct conception of his operation and had not accepted the pathology as taught by Bernutz and Goupil. Yet his work accomplished the desired results, and our present pelvic surgery is largely the outcome of his operation. What a pity that he failed even till the last to comprehend that his operation was principally indicated for the removal of pathological conditions and was not a normal ovariotomy. I knew Dr. Battey well. He was a man of remarkable personality and aimed to keep surgery in good repute. His work did not cease till seven or eight years ago, yet he did not attempt very difficult pelvic cases or the removal of fibroid tumors, as his results had been disastrous from such operations and brought his operation into disrepute. He cured many of his cases not by the operation, but by the three to six months' hospital care which his patients received. His teachings, however, as to normal ovariotomy lead to great harm.

McDowell, Sims and Battey were epoch makers in surgery, but there resided in the South a number of other great surgeons. Dudley, of Kentucky, some years after McDowell, did 225 lithotomies with but two deaths and was equally noted for his general work. After Dudley Paul F. Eve, of Tennessee, was the acknowledged leader in the South. His fame was so great that he was called to New York to teach surgery. Warren Stone, of New Orleans, became famous for his surgery and established the first private surgical hospital in this country. Dugas, of Augusta, Ga., and Pope and McDowell, of St. Louis, were well known for their work.

During and after the war the names of McGuire, of Virginia, Yandell, of Kentucky, Briggs and Rogers, Sr., of Tennessee, Kinloch, of South Carolina, Westmoreland, Sr., and Campbell, of Georgia, Gillmore, Nott and Mastin, of Alabama, Richardson and Logan, of Louisiana, were well known in surgical history as contributors to surgical literature and were with few exceptions members of the national special societies.

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Indeed, it has been truthfully said that "the history of surgery would be incomplete and gynecology unwritten but for these bright stars of the South." The lives of these men comprise much of the best that is in southern history, and while they will very soon remain only a memory, yet much of their work has been preserved in the annals of that remarkable surgical and gynecological organization of the South—the Southern Surgical and Gynecological Association—a fitting organization for a land hallowed by the foot-prints of these great men.

The American profession has always been foremost in all that was good for our country and after the civil war it was prominent in its efforts to break down the barriers between the sections. It was Dr. W. O. Baldwin, of Alabama, who in 1868, when the physicians of the South were invited to unite with the American Medical Association, advised them to accept the invitation, and at the next meeting in Washington he was elected president. At the following meeting, held in New Orleans, he delivered a message as president, "which filled every reader of its contents with joy and bright hopes for the welfare of our country." "It was full of patriotic sentiments so beautifully expressed that it created a sympathetic feeling between the two sections which has continued to increase from that time to this." "It was one of the first movements which have bound the North and South so inseparably"—"an indissoluble union of indestructible States"—"a government in which New York and Alabama come as equal"—"that was fashioned in their common energy and defended in their common blood."

SEEMINGLY ASTOUNDING, YET USUAL.

Dr. R. C. Burrow, of Maxon Mill, Ky., gives the following experience:

Miss L. H. had been confined to her bed for three months, suffering with malarial fever. When I was called, I found fever broken, but patient had hardly strength enough to sit up. As she had never menstruated, her mother thought this, in a great measure, the cause of her trouble. After three months' treatment she was again in fair good health, her menses also appearing, but very painful and scanty. I rested treatment for three months more, hoping that good nourishment and nature would re-establish all functional activity. Her suffering, however, grew worse at each menstruation. I then prescribed Ergoapiol (Smith), one capsule four times a day, beginning three days before the expected period. This treatment gave immediate relief and resulted in regular and perfect menstruation. It is now four

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months since the administration with Ergoapiol (Smith), has been stopped, and she has had no indication of the previous trouble.

Mrs. C., married, had a severe attack of La Grippe last winter. Had not menstruated for the past four months. I prescribed Ergoapiol (Smith), one capsule every three hours. Menses appeared on the third day, and again at the last menstrual period.

Mrs. F., married, consulted me in January. Said she had not menstruated for two months. I suspected pregnancy and declined to treat her. She called again in May and declared positively she was not pregnant. I then prescribed one capsule of Ergoapiol (Smith) before meals and two at bed time. Menses appeared on the third day.

B. S., single, teacher. Menstruation began at the age of thirteen. Each period, however, was accompanied with the most excruciating pain, compelling her to take to bed for two and three days. This patient, who was large and in good health, said menstruation was free enough and all would be well but for the terrific pain which usually set in after menstruation had started. While attending school last spring, the pains at each period were particularly severe, resulting in convulsions each time. Her physician advised her to discontinue teaching and return home, which she did. During her last menstruation I prescribed Ergoapiol (Smith), with the happy result of no pain or inconvenience whatever, and she is again attending her regular duties.

MEMBRANOUS COMPLICATIONS—THROAT, BRONCHII AND LUNGS.

Under the above heading we find the following by Walter M. Fleming, A.M., M.D., New York City, in the September number of the Medical Era: "With all the experience of more than a quarter of a century, in the treatment of winter cough, and its complications of laryngeal, bronchial and pulmonary irritability, also dyspnoea, asthmatic spasms, and finally whooping cough—usually the most persistent and tenacious of all these membranous maladies—I find no one remedy more strongly indicated, or which yields more prompt and satisfactory results than antikamnia and heroin tablets, composed of antikamnia 5 grains and heroin hydrochloride 1-1-2 grain. The purpose of this combination is manifest at once, for it provides primarily, a respiratory stimulant; secondly, a soothing sedative to the irritable mucous membrane, and thirdly, an antipyretic and analgesic. Result; A prompt and efficient expectorant, which at once relaxes the harsh and rasping cough, and releases the tenacious, sticky and gelatinous mucous while its soothing influence is at once manifested, greatly to the comfort and contentment of the patient."

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Selected Articles.

HOW TO ASSIST YOUNG GIRLS TO WOMANHOOD.

By Edward C. Hill, M.D.,

DENVER, COLO.

The primary establishment and the menopausal cessation of menstruation are the two crucial physical epochs of woman's life. The change from maidenhood to womanhood is one that involves the whole body, and manifests itself alike in the form, the voice and the sexual and nervous phenomena. In an ideal state of perfect health this transition into puberty should be as natural and uneventful as gliding from sleep into consciousness. Owing, however, to the present civilized modes of living, the cerebral development of young girls is fostered and forced to a degree that deprives the remaining tissues and organs of their necessary nutrition, and too often we are called upon to treat delicate girls that are like buds blasted in the blossoming. Many a woman traces back a prolonged existence of semi-invalidism to exposure and lack of care at the early menstrual periods. Tight lacing also predisposes to pelvic disorders by interfering with circulation and exciting uterine displacements. The strain of puberty upon the nervous and blood-forming structures may be too great in a subject hereditarily deficient in vital resistance and adaptability. So we may count among the morbid incidents more or less peculiar to puberty, chlorosis and anemias, general debility, neurasthenia and hysteria, acute pneumonic phthisis, chorea and hebephrenia.

According to Emmet, more than half of all women who have sufferer at puberty from menstrual derangements are sterile and delicate in after life. Skene has stated that his observations showed that the vast majority of incurable diseases peculiar to women originate in imperfect development and consequent derangement of function. This development is either primary, during the embryonic stage, or secondary, at puberty. Defects in the former are irremediable, whereas secondary deviations from the normal standard are both preventable and curable in most instances.

It is important in connection with the subject under consideration to bear in mind the essential reciprocal relations of the reproductive system and the general organization. As Virchow says all the specific properties of woman's body and all her womanly characteristics, depend upon her ovaries. In other words a woman is not fully a wo-

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man unless her sexual development is natural and complete and in line with a healthy general organization. A beautiful illustration of sexual dimorphism has been furnished by Prof. Max Weber (quoted by Skene), who presented the case of a chaffinch in which the left side of the body had the female coloration and the right side that of the male bird, the two colors being sharply limited at the middle line. The bird was a hermaphrodite with a well-developed ovary on the side of the female plumage, and a testicle on the opposite side. The phenomena of menstruation offer the most palpable evidence of the onset of puberty. The precise nature of this rythmic cycle is overshadowed by a jungle of theories, and, as Millikin well says, we can do no better in the present state of our knowledge than accept menstruation as a habit which has been nailed upon our race by hereditary, and which is for us an ultimate biologic fact.

Normal menstruation in temperate climates generally begins in the fifteenth year. In the tropics it appears much earlier, so that in Mexico one may see a grandmother of only twenty years. Within the Artic Circle Eskimo girls do not generally arrive at puberty until the eighteenth year. City girls usually have the menstrual flow earlier than do hard working country girls, in whom muscular exercise has the same derivative effect on the pelvic blood supply as too intense devotion to study. The time, amount and character of the menstrual flow vary normally within wide limits. The menstrual cycle for different individuals ranges in perfect health from two to six weeks. The average duration in the temperate zone is about four days. Soaking more than three napkins daily is considered abnormal. Anemic girls, as a rule, tend to menorrhagia; chlorotic ones, to scanty menstruation. Clots are present when the amount of blood is great, or the mucus and fatty acids scanty. A periodic white menstruation, from supersecretion of the uterine glands, is not infrequently noticed in the intervals midway of menstruation.

Menstruation is or should be a perfectly physiologic process. In the virgin disorders of menstruation of whatever nature are nearly always dependent upon the defective nutrition of the reproductive organs, and this in turn upon a blood supply insufficient in quality or in quantity. In the great majority of cases, therefore, our efforts to aid nature in effecting the transformation of the girl into a woman, should be in the line of a happy balance of nutrition between the special female organs and the body as a whole.

Hygienic measures are of the first importance. Fresh air and sunshine are always in order. Exercise is especially indicated for the fat and flabby chlorotic girl, and her diet should be restricted in su-

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gars and starches. The highly active, intellectual girl must rest from her studies and try to become a little lazy. Proper precautions should be taken in regard to reasonable care of the person at the time of the monthly periods. Yet the physician should beware of unduly alarming his little patient, and so bringing about a condition of hypochrondrical valetudinarianism. Simple cleanliness is certain to do no harm, but good. The conservation of the general health and vigor is the chief factor in maintaining safe and easy menstruation.

In spite of hereditary defects, if the physician could have full control of the diet, clothing, hygiene and environments of the little girls in his clientele up to the date of puberty, but little if any medication would be then required. Unfortunately however, the lack of harmonious development in the preadolescent period necessitates considerable medical attention to secure a normal course for the critical metamorphosis of puberty, whose influences, as Dudley remarks, are fundamental, not only in the reproductive organs, but in the entire woman. Actual pain at the menstrual period in the young virgin may be considered always pathologic, and the same is true of menorrhagia or very scanty menstruation. Such abnormalities of function should direct our attention to the state of nutrition especially. The obese, chlorotic girl must take more exercise; the thin, delicate, sensitive girl, more rest. Fresh air and sunshine are needed in every instance. Red meat, eggs and other blood-forming foods should be taken in such quantities as can be well borne. The appetite for wholesome nutriment should be encouraged, if need be, by stomachic stimulants, such as the official elixir of strychnin, pepsin and bismuth. The use of bromides, coal-tar analgesics and diffusible stimulants at the menstrual periods can be regarded only as a temporary makeshift.

The most constant and positive clinical sign of imperfect puberty is deficiency of the blood in red corpuscles and hemoglobin, the chlorotic type being perhaps more common than the simple anemic in relation to menstrual disorders. Hemic defects and malnutrition act reciprocally as cause and effect. The oxidizing life of the blood is in the iron it contains, with about one-twentieth as much manganese. The total iron of the adult body amounts to but 2.5 or 3.5 grams, chiefly in the form of hemoglobin. The normal daily content of iron in the food of an average diet, is, according to Stockman, from five to ten milligrams. When absorbed, as in health, this food-iron replaces the metal continually lost by disintegration of blood corpuscles and excretion. The round of iron in the body seems to be from the duodenum to the mesenteric glands, thence to the thoracic duct, the general blood current and the spleen, from where it passes to the liver to be synthetized into hemoglobin for the red cells, on the breaking down

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of which the dissociated iron is eliminated by way of the large intestine.

The use of iron in anemic and chlorotic conditions is, of course, a cardinal principle in therapeutics. In girls becoming women to supply a deficiency of erythrocytes or hemoglobin, one might infer at first thought that the best method would be to administer hemoglobin, that is, blood in some form. Chemistry proves, however, that when hemoglobin is taken into the stomach it is changed by the acid there to hematin (causing the coffee-ground color of small gastric hemorrhages), which, according to Cloetta, passes down the alimentary tract without being absorbed.

Most authorities conclude that inorganic compounds of iron in order to be absorbed must first be changed to albuminates by combining with food matters. All albuminous substances are hydrolyzed to peptons before they are capable of absorption. Hence it follows that a peptonate of iron is the preparation most likely to be readily and completely absorbed and assimilated. The best remedy of this composition, I think, is Gude's Pepto-Mangan, which I have used for the past ten years with great satisfaction, particularly in the hemic and nutritive disorders of female puberty.

This neutral solution contains three grains of iron and one grain of manganese in each tablespoonful. The latter ingredient is doubtless to be credited with a large part of the early specific effect of the remedy in functional menstrual derangements. The preparation is pleasant to the eye, agreeable to the palate and has the great advantage over inorganic iron compounds of not corroding the teeth, deranging digestion nor inducing constipation. According to the nature and severity of the case, the dose varies from a teaspoonful to a tablespoonful. It is well taken in milk or sherry just after meals.

CHRONIC VULVITIS.

In a recent text book by a celebrated New York Gynecologist, special stress is laid upon Vaginal Douches of hot water supplemented by an astringent antiseptic in this condition. For this purpose Micajah's Medicated Uterine Wafers are particularly adapted. After a thorough flushing with hot water insert a Micajah Wafer into the vaginal canal up to the neck of the uterus. The convenient form in which these wafers are presented to the medical profession renders them superior to other means of applications such as tampons, powders, etc., which they also surpass in efficacy and freedom from irritating action.

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Editorial.

JNO. C. LeGRANDE, M. D.,.....Editor and Prop.

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A Charity Hospital and City Control of Water Supply for Birmingham, and Better Professional Fees in the South.

Dr. Davis' address, which is published in this issue of the Journal, is a timely plea for a charity hospital and city control of the water supply as well as better fees for the profession in the South. Few men in this country are so familiar with the medical profession as Dr. Davis and are as capable of speaking of the duties of the profession to the public. The Age-Herald published an abstract of Dr. Davis' address and on the afternoon following, the Daily News presented an editorial in which it strongly advocated the hospital move-

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ment. We quote from the editorial of the News of Oct. 12th as follows:

"The suggestion has been made that Birmingham should have a charity hospital and an ambulance corps. While both St. Vincent's and the Hillman hospitals have done a noble work neither enjoys the endowment or public appropriations necessary to make them purely charity hospitals. The question of public revenues naturally arises whenever a public improvement is proposed. Still it does seem that Birmingham has grown large enough to establish and maintain a city hospital with city abulances and the necessary equipment to make it a useful public institution. There are few cities in the country so large as Birmingham without a city hospital and a city ambulance corps. In many cities where there are medical colleges graduates from these institutions are made resident physicians and members of the city ambulance corps, and the plan has been proven wonderfully successful. Birmingham will sooner or later be forced to establish such an institution to meet the growing needs in this respect, and the sooner the better for Birmingham."

It is gratifying to the medical psofession to have Mr. Rufus N. Rhodes become the champion of this movement. He has been foremost in many of the greatest achievements for this city. It is earnestly desired that the Age-Herald, Daily News and Daily Ledger will not only strongly advocate the hospital movement, but will also take frequent and high stand for the city control of the water supply. Surely Dr. Davis was right when he said in his address that it would be no penalty to require the city to furnish water free for the fire hydrants until the plants were establishtd. This would be much cheaper than to establish and keep up the filtration plants.

His remarks on the medical profession of the South and its fees will meet with the hearty endorsement of the medical profession.

The Opening of the Birmingham Medical College.

The opening exercises of the ninth annual session of this well known institution were held at the new college building on Avenue F. near 20th street on Wednesday, Oct. 1st. The large and well appointed lower lecture amphitheatre was crowded with a large number of students and friends of the college who had come to witness the opening exercises and to celebrate the completion of the new college building. In addition to the faculty and students there were present many prominent educators. Among them was Dr. A. P. Montague, the distinguished President of Howard College, and Dr. J. S. Robertson. the scholarlv President of the North Alabama Conference Col

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lege at Owenton, who occupied seats with the faculty. The students of Howard College showed their interest in the occasion by appearing in a body. The exercises were of a very interesting character, consisting of an address by Dr. A. P. Montague, the distinguished President of Howard College, and addresses by several members of the faculty.

The occasion was a red letter day in the history of the college, as it marked the opening of the new and magnificent college building—one of the most complete and best appointed buildings of its kind in the country. We have not the space to describe in detail the many excellent ideas which the architects have incorporated in its construction. Suffice it to say that it is a modern, four-story brick and stone building, well adapted to all the demands of modern medical education. Upon the first floor is located the faculty rooms, secretary's office, museum, lounging and study rooms for students, and just in the rear of the main corridor a large and attractive semi-circular, lecture amphitheatre furnished with the latest design of opera chairs, with a seating capacity of 250. The rows of seats are arranged in a semi-circle, each row being raised a few inches above the one in front, so that the view is unobstructed from every part of the amphitheatre. The second floor has been assigned to the Dental College and has a large and well-lighted dental infirmary reception rooms and laboratories with a large lecture amphitheatre which corresponds with the one on the first floor. The third floor is devoted to the laboratories of Chemistry, Histology, Bacteriology, Pathology and Clinical Microscopy where there is ample space and excellent light for doing laboratory work. Just in the rear of the laboratories is a third amphitheatre corresponding exactly with the other amphitheatres on the first and second floors and is to be used for lectures and recitations for the first and second course students. The fourth floor is given up entirely to practical anatomy and operative surgery. There are two large and well lighted dissecting halls with sky lights and windows on every side. The floor is concrete and every detail for the comfort and convenience of the students has been carefully considered. There is also on this floor rooms for operative surgery, demonstrators room and a room for prosecting. The building is heated by steam and is modern and up-to-date in every particular.

The opening of the new college building under such flattering auspices demonstrates the wonderful progress which the college has made, and the faculty are to be congratulated upon the magnificent work which they have accomplished in securing a permanent home for the institution.

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The Birmingham Medical College has grown rapidly in professional and popular favor and is taking rank with the best institutions in the country. This satisfactory result has been attained by the faithful, honest work which has been done by the faculty and the high standard which has always been maintained. The exercises were opened with prayer by Dr. Robertson, President of the North Alabama Conference College. Dr. B. L. Wyman, the dean of the college, delivered a brief address of welcome to the students. He referred to the history of the college and felicitated the Board of Directors upon the completion of the new building. He gave the students some good advice and referred to the modern methods of medical education, the increased time required for the completion of the course, the enlarged curriculum and the great importance of laboratory instruction and thorough work during the first and second years.

The regular opening address on behalf of the faculty was delivered by Dr. W. E. B. Davis, who entertained the audience by a masterful address in which he discussed many matters of great interest, not only to the college, but to the profession at large. Dr. Davis was followed by Dr. R. M. Cunningham in a characteristic eloquent address. The exercises were closed by a scholarly and beautiful address by Dr. A. P. Montague, in which he predicted a great future for the institution.

Typhoid Fever and Dr. Seller's Paper.

The Journal of the American Medical Association of Sept, 13, 1902, commenting upon the paper of Dr. Sellers, published in the July issue of the Alabama Medical Journal, says:

Sellers reviews a number of cases of complicating disorders in typhoid or during its convalescence, including among them gangrene, joint disease, aneurism, typhoid neuritis, bowel perforation, hemorrhage, parotitis, inflammation of the gall-bladder, liver abscess, laryngeal affections, disorders in the pleura, lungs, heart and stomach, complicating malaria, meningitis and appendicitis. He concludes that medical agents are of little or no value in the primary attack and treatment is only palliative, nor are they of value in either the complications or sequelae of typhoid except to relieve the patient's mind. Whatever may be accomplished in these cases will be done either by nature or by surgery. Typhoid bacilli, as a rule, are distributed through the tissues and may attack any part of the organism, but oftener when the patient is run down from some primary disease.

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The local disorder may get well in a short time or never, unless we assist nature. When the infection is due solely to typhoid bacilli with no complications the disease runs its course without much temperature elevation, but with mixed infection there will be more or less fever and there may be chills and sweats. The worst complications may occur in the mildest cases. In the worst cases we should feel much gratified if we escape them. On account of the long duration of the disease it offers a fertile field for any and all kinds of surgical diseases. The lower extremities are affected three or four times as often as is the case in all other parts of the body put together. Directly or indirectly the typhoid bacillus is responsible. It is no respector of age, sex, rich or poor, but most cases seem to occur in the young.

Society Meeting.

The Tri-State Medical Society of Alabama, Georgia and Tennessee met in this city Oct. 7, 8 and 9. The meeting was, from a scientific standpoint, recognized as a great success. A large number of papers were read and discussed. All of the paper were of a high class, and elicited great interest. The social feature consisted of a banquet given by the physicians of this city to their guests, the visiting doctors, and was a success in every way.

Dr. Geo. H. Stubbs, of this city, was Chairman of the Committee of Entertainment, and in this instance sustained the splendid reputation which he has heretofore made as an expert in arranging for a first-class smoker, and other necessary pre-requisite to make it an enjoyable affair for the great multitude of doctors. He and his committee received and justly deserved the thanks of every member of the Society for this pleasant occasion.

Dr. R. C. Bankston, of Birmingham, Chairman of the Committee of Arrangement, was faithful and efficient in all the detail work during the year, and during the session of the Society. Much of the success of this meeting is due to the untiring efforts of Dr. Bankston.

The next meeting of the Society will be held in the city of Atlanta, October, 1903.

The following officers were elected for the ensuing year: Dr. Michael Hoke, of Atlanta, president; Dr. Lewis C. Morris, of Birmingham, first vice president; Dr. W. L. Nolan of Chattanooga, second vice president, and Dr. Pete, of Georgia, third vice president.

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SANMETTO IN CYSTITIS, GONORRHEA AND IRRITABLE PROSTATE.

I have been an extensive user of Sanmetto for a number of years, and can truthfully say that when the therapy of the pure santal and saw palmetto is indicated, I find Sanmetto a remedy par excellent. I have used it extensively in cystitis, chronic gonorrhea and irritable prostate, and it has universally relieved, if not cured, my patients. As long as it maintains its present standard of purity I shall use it, for I deem it pure and ethical. W. R. Hillegas, M.D.

Chicago, Ill.

SANMETTO IN URINARY TROUBLES IN OLD MEN AND CHILDREN.

So far as my experience has been with Sanmetto, in urinary troubles, it is one of the very best remedies we have at present. I recommend Sanmetto in urinary troubles in old men; also for children when subjects of that troublesome complaint, wetting the bed. I have practiced medicine over forty-five years.

Sedgwick, Kan. A. D. H. Kemper, M.D.

In the supplement to the Journal of Tuberculosis the whole subject of Tuberculosis is covered by a series of articles written by Dr. Carl Von Ruck. For controlling the cough of Pleurisy, one of the complications of Phthisis. The doctor says (January, 1902, Page 101): "Cough must be allayed by heroin, codeine or even morphine, the choice being in the order named, but only when required on account of severe pain. I have also employed papine, which has given me very satisfactory results and which possesses the very desirable advantage of not causing constipation."

It is well known that a few vegetable drugs possess in eminent degree the property termed "alterative, acting in a manner akin to iodine. Chief among these are the active principles, colchicin, solanin and phytolaccin. The hydriodates of these alkaloids have all the alterative properties of the alkaline iodides without their upsetting effects. In Tri-Iodides (Henry), these are combined in aromatic cordial with chemically pure sodium salicylate, giving a combination which has attained a high place in the list of remedies for the host of ailments which depend upon a gouty, rheumatic, or syphilitic foundation. Practitioners who have employed this combination have been exceedingly well satisfied with the results it has produced.—Medical Essays.

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Miscellaneous Notes.

NEW ORLEANS POLYCLINIC

Sixteenth annual session opens November 3, 1902, and closes May 30, 1903. Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery. The specialties are fully taught, including laboratory work. For further information, address New Orleans Polyclinic, Post-office box 797, New Orleans, La.

Dr. Riggs, of Birmingham, spent a week in New York during the month.

Dr. George S. Brown, of this city, has been on a vacation for the past month.

Dr. B. G. Copeland, of Birmingham, has returned from New York, where he spent two or three weeks.

Drennen & Co. offers to sell the doctors of Birmingham and the State of Alabama the best buggy for the least money—try them.

Dr. Jenkins, of Cardiff, Ala., spent last month in Baltimore, Philadelphia and New York, where he visited John Hopkins and other hospitals in the cities mentioned.

The Alabama Medical Journal is doing the best work in its history. For 1903 we are going to make it still better. Nothing less than the best Medical Journal in the South will satisfy the managers—or the editor.

The many friends of Dr. J. D. S. Davis will be glad to know that he is rapidly recovering from a surgical operation—the splitting of the capsule of the kidney—performed by his brother, Dr. W. E. B. Davis, a week ago.

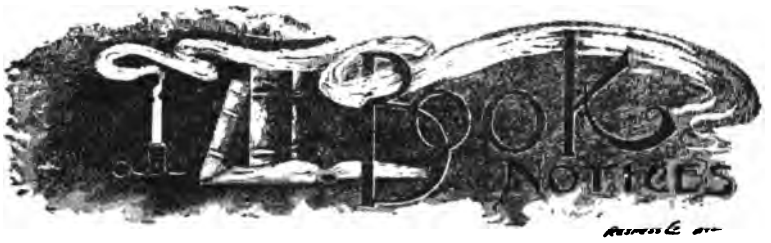
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A Georgia exchange disgustedly remarks: "A whole lot of mothers spend the best part of their time studying fashion plates and playing society, while a lot of fathers are figuring on the future market or playing poker. In the meantime the kids are hitting the roads in high places to the penitentiary and to hades. Such is life."

Celerina restores the tired and jaded nervous system to its normal condition, and brings about a feeling of buoyancy that will be pleasing to both physician and patient. A fair trial will confirm the verdict of the medical profession all over the world as to the virtues of this preparation. It is put up in palatable form, and is always uniform in strength.

Dysentery: In the Therapeutic Gazette for April, Dr. H. A. Hare divides the treatment of dysentery into three methods, each of these finding ardent advocates among those of the profession whose opinions on the subject are of value. The first plan he considers is the use of ipecac, which although used in an almost empiric manner is more rational in its employment than would appear at the first glance. The ipecac is commonly administered in large doses, and vomiting ensues. After this has taken place, small doses of three grains are given and continued until a profuse black tarry stool is passed which is considered a favorable sign, vomiting being controlled by opium which also relieves tenesmus and pain. The next pain is that of purgation, and beyond all doubt in a certain proportion of cases of acute dysentery the use of sulphate of magnesium combined with aromatic sulphuric acid is a most advantageous method. The bowels are first thoroughly moved with Epsom or Rochelle salts and then aromatic sulphuric acid is given freely, so that it will exercise its well-known astringent or constipating influence. The third plan consists in the administration of intestinal antiseptics, benzonaphthol, salicylate of bismuth, and salol being perhaps the most commonly employed. Practical experience has shown that they fail to exercise the degree of antiseptic influence with which they are credited and they are not of sufficient importance to justify their employment to the exclusion of the ipecac or saline methods. The employment of calomel and corrosive sublimate in these cases is often followed by good results, their real value depending upon the fact that they increase the activity of the liver, both in destroying toxic material and in secreting bile. He has found injections of sulphocarbolate of zinc, twenty grains to the pint, to produce very satisfactory results, and the tenesmus frequently associated with the dysenteric condition, or the introduction of soft rectal tube, can sometimes be avoided by the use of a ten-grain iodoform suppository used half an hour before the injection is to be given.

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INTERNATIONAL TEXT-BOOK OF SURGERY.

Second Edition, Thoroughly Revised and Enlarged.

THE INTERNATIONAL TEXT-BOOK OF SURGERY. In two volumes. By American and British Authors. Edited by J. Collins Warren, M.D., LL.D., F. R. C. S. (Hon.), Professor of Surgery, Harvard Medical School; and A. Pearce Gould, M.S., F.R.S.C., of London, England. Second Edition, Thoroughly Revised and Enlarged. Vol. I. General and Operative Surgery. Royal octavo of 965 pages, with 461 illustrations, and 9 full-paged colored lithographic plates. Vol. II. Special or Regional Surgery. Royal octavo of 1122 pages, with 499 illustrations, and 8 full-paged colored lithographic plates. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, $5.00 net; Sheep or Half Morocco, $6.00 net.

In planning this work the editors and co-workers have kept constantly in mind the needs of both student and practitioner. The result —a masterly exposition of the art and science of surgery, untrammeled by antiquated traditions. In its realization they have given to medical literature an invaluable text-book, embodying a clear but succinct statement of our present knowledge of surgical pathology, symptomatology, and diagnosis, and such a detailed account of treatment as to form a reliable guide to modern practice. In this new edition the entire book has been carefully revised, and special effort has been made to bring the work down to the present day. The chap-

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ters on Military and Naval Surgery have been very scrupulously revised and extensively re-written in the light of the knowledge gained during the recent wars. The articles on the effect upon the human body of the various kinds of bullets and the results of surgery in the field are based on the latest reports of the surgeons in the field.

The chapter on Diseases of the Lymphatic System has been completely re-written and brought up-to-date; and of special interest is the chapter on the Spleen.

The already numerous and beautiful illustrations have been greatly increased, constituting a valuable feature, especially so the seventeen colored lithographic plates. The work is excellent; we know of none to surpass it. It is clear, concise, and up-to-date.

A TEXT-BOOK OF MATERIA MEDICA, THERAPEUTICS, AND PHARMACOLOGY.

Fourth Edition, Thoroughly Revised.

A TEXT-BOOK OF MATERIA MEDICA, THERAPEUTICS, AND PHARMACOLOGY. By George F. Butler, Ph.G., M.D., Professor of Materia Medica and Therapeutics in the College of Physicians and Surgeonst, Chicago, Medical Deptartment of the University of Illinois, etc. Fourth Edition, Thoroughly Revised. Handsome octavo of 896 pages, illustrated. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, $4.00 net; Sheep or Half Morocco, $5.00 net.

The new edition of this commendable work is offered to the profession after a careful and complete revision. The pharmacology and therapeutics of each drug have been thoroughly revised, incorporating all the recent advances made in pharmacodynamics.

In view of a larger experience, resulting in more definite conclusions, numerous modifications have been made in the expressions of opinion regarding the utility of certain drugs, notably the newer synthetics. The chapters on Organotherapy, Serum-therapy, and cognate subjects have been enlarged and carefully revised.

But perhaps the most important addition is the chapter on the

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newer theories of electrolytic dissociation and its relation to the topic of pharmacotherapy, and the relevant discussion added of the simpler relations of chemical structure to drug-action. The profession will undoubtedly greet most cordially this new fourth edition of a work supplying the student of medicine with a clear, concise, and practical text-book, adapted for permanent reference no less than for the requirements of the class-room.

ESSENTIALS OF DISEASES OF THE EAR.

Third Edition, Thoroughly Revised.

ESSENTIALS OF DISEASES OF THE EAR. By E. B. Gleason, S. B., M.D., Clinical Professor of Otology, Medico-Chirurgical College Philadelphia, Surgeon in Charge of the Nose, Throat and Ear Department of the Northern Dispensary, Philadelphia, etc. Third Edition, Thoroutghly Revised. 16 mo. volume of 214 pages, with 114 illustrations . Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, $1.00 net.

This valuable little help, one of Saunders' Question-Compend Series, has reached its third edition. The book will be found of service, not alone as an aid to the student, but also to the physician who wishes to take a post-graduate course in Otology, enabling him, as it does, to acquire the rudimentary facts of the science with as little preliminary reading as possible.

The essentials of Otology have been stated concisely, without sacrificing accuracy to brevity. The diagnosis and treatment of diseases of the ear have been brought absolutely down to date by a thoroughly scrupulous revision; only such methods of treatment being included, however, that have personally proved efficacious in the majority of cases. Besides carefully revising the old text, many interpolations of new matter have been made, thus somewhat increasing the number of pages in the present edition.

Th illustrations—many from original drawings—have been selected with the aims of the book constantly in view; and they form a very commendable feature of the work. Indeed, the little volume before us will unquestionably continue to be one of the most popular of Saunders' unequalled Question-Compend Series.

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ESSENTIALS OF HISTOLOGY.

Second Edition, Revised and Enlarged.

ESSENTIALS OF HISTOLOGY. By Louis Leroy, B.S., M.D., Professor of Histology and Pathology, Vanderbilt University, Medical and Dental Departments; Pathologist to the Nashville City Hospital, etc. Second Edition, Thoroughly Revised and Greatly Enlarged. 16 mo. volume of 263 pages, with 92 beautiful illustrations. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth $1.00 net.

This valuable work has been designed not only as an aid to the beginner, but also to help the practitioner who, having graduated at a time when histology was not taught in all the colleges, desires to gain sufficient knowledge of the subject to facilitate his better understanding of pathology. Both these aims it admirably fulfills, as is evidenced by the demand for a second edition in so short a time.

In this edition a number of new original illustrations, most photomicrographs, have been inserted to better elucidate the text. The chapter on Technic has been enlarged, a description of the appendix and rectal valves added, and the entire chapter, as, indeed, the entire book, thoroughly and carefully revised. As did the first edition, the work in its present form stands as a model of what a student's aid should be; and we unhesitatingly say that the practitioner as well would find a glance through the book of lasting benefit.

ATLAS AND EPITOME OF TRAUMATIC FRACTURES AND DISLOCATIONS.

ATLAS AND EPITOME OF TRAUMATIC FRACTURES AND DISLOCATIONS. By Professor Dr. H. Helferich, Professor of Surgery at the Royal University, Greifswald, Prussia. Edited, with additions, by Joseph C. Bloodgood, M.D., Associate in Surgery, John Hopkins University, Baltimore. From the fifth revised and enlarged German edition. With 216 colored illustrations on 64 lithographic plates, 190 text-cuts, and 353 pages of text. Philadelphia and London: W. B. Sanders & Co.. 1902. Cloth, $3.00 net.

This worthy edition to Saunders' Series of Hand-Atlases will be found of inestimable value in facilitating the student's introduction to the important department of fractures and dislocations. and as a

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ready reference book for the use of physicians in general practice. This department of medicine being one in which, from lack of practical knowledge, much harm can be done, and in which in recent years great importance has obtained, a book, accurately portraying the anatomic relations of the fractured parts, together with the diagnosis and treatment of the condition, became an absolute necessity. The work before us fully meets all requirements. As complete a view as possible of each case has been presented, thus equipping the physician for the manifold appearances that he will meet with in practice.

The author has brought together in this work a collection of illustrations unrivalled for accuracy and clearness of portrayal of the conditions represented, showing the visible external deformity, the X-ray shadow, the anatomic preparation, and the method of treatment. We have no doubt that the book will be received with the favor it demands, filling, as it does so admirably, a want long felt.

SCUDDER'S TREATMENT OF FRACTURES.

Third Edition, Revised and Enlarged.

THE TREATMENT OF FRACTURES. By Chas. L. Scudder, M.D., Assistant in Clinical and Operative Surgery, Harvard Medical School. Third Edition, revised and enlarged. Octavo, 480 pages, with 645 original illustrations. Philadelphia and London: W. B. Saunders & Co., 1902. Polished Buckram, $4.50 net; Half Morocco, $5.50 net.

This book is intended to serve as a guide to the practitioner and student in the treatment of fractures of bones, being a practical statement of the generally recognized methods of dealing with fractures. The attention of the student is diverted from theories to the actual conditions that exist in fractured bones, and he is encouraged to determine for himself how to meet the conditions found in each individual case. Methods of treatment are described in minute detail, and the reader is not only told, but is shown, how to apply apparatus, for as far as possible, all the details are illustrated. This elaborate and complete series of illustrations constitutes a feature

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of the book. There are 645 of them, all from new and original drawings and reproduced in the highest style of art.

In this edition several new features have been described, and an excellent chapter on Gunshot Fractures of the long bones has been added. The reports of surgeons in the field during the recent wars have been carefully digested, and the important facts regarding fractures produced by the small caliber bullet have been concisely presented. In many instances photographs have been substituted for drawings, and the uses of a plaster-of-Paris as a splint material have been more fully illustrated. In its new form, the work fully maintains the deserved reputation already won.

SURGICAL PRINCIPLES AND DISEASES OF THE FACE, MOUTH, AND JAWS.

A TEXT-BOOK OF THE SURGICAL PRINCIPLES AND SURGICAL DISEASES OF THE FACE, MOUTH, AND JAWS. For Dental Students. By H. Horace Grant, A.M., M.D., Professor of Surgery and of Clinical Surgery, Hospital College of Medicine; Professor of Oral Surgery, Louisville College of Dentistry, Louisville. Octavo volume of 231 pages, with 68 illustrations. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth. $2.50 net.

This text-book, designed for the student of dentistry, succinctly explains the principles of dental surgery applicable to all operative procedures, and also discusses such surgical lesions as are likely to require diagnosis and perhaps treatment by the dentist.

The arrangement and subject matter covers the needs of the dental student without encumbering him with any details foreign to the course of instruction usually followed in dental colleges at the present time. The work includes, moreover, such emergency procedures as not alone the dentist and physician, but also the layman may be called uponto perform. These, like the other subjects in the book, have been described in clear, concise language, admitting of no unequivocalness. Whenever necessary, for the better elucidation of the text, well-selected illustrations have been employed. For the dental student the work will be found an invaluable text-book; and, indeed, the medical beginner, also, will find its perusal of more than passing benefit.

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THE ALABAMA
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Original Communications.

CRIME AND ITS CAUSES.*

By H. L. APPLETON, M.D.,

CENTRE, ALA.

This is a subject that addresses itself more potently and practically to any other occupation or profession than to the medical practitioner. As doctors we study and are called upon to deal with physical ills and combat the diseases of the body, more than we are invited into the field of legal philosophy or into the domain of moral derangements. True, we have an individuality as citizens—we have civic functions to perform and we have politic interests to subserve and protect; but our life work must, of necessity, be in dealing with the violated laws of nature more than with trangressions against the rules of municipalities or breaches of the precedents and status of commonwealths. However, as all error is a species of crime, whether it exists in the failure to perform a required duty or whether it finds its commitment in the doing of a forbidden act, we are all more or less connected with, and are often confronted by crime in some of its multiform phases.

Error is common along the pathway of progress, errors in judgment, errors in opinion. We stumble and fall over the stones of error in truth's high way. Error is allied to pride and hard to conquer. Ignorance is profoundly indifferent, because it is satisfied with itself. Error, if honest, is anxious to obtain the truth; but ignorance, without ambition, and without light, is content to remain in its own imbecility.

Ignorance is a prolific source of error and often develops and fosters crime. Ignorance of the laws of nature, or of the laws of man,

*Read before the Tri-State Medical Association of Alabama, Georgia and Tennessee.

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each has its catalogue of errors, and hence its modicum of crime. The perversion of any good, however well intended, develops evil consequences; even enthusiasm is often productive of evil when unaccompanied with knowledge. A thing is good only so far as it is necessary; all beyond this is evil. Light is good so far as it is needed, but too much light overpowers the vision. Praise is good, but too much praise will ruin us. It is the virtue of moderation that is wanted—the restraining force of high principles and high and noble purposes to keep us in check and hold us to what is highest and best in our nature and destiny.

The question for each one to ask is: How to keep one's self in the happiest and healthiest condition, so as to do most and best and so as to live most and best. The temperate are the most luxurious; for by abstaining from some things it is surprising how many other things we can enjoy. Temperance in all things consists in a rigid subjection to every inward feeling and power over ourselves.

"What suit of grace hath Virtue to put on
If Vice shall wear as good and do as well?
If Wrong, if Craft, if Indiscretion,
Act as fair parts with ends as laudable?"

But I am getting far away from the general "round up"—I am premising a field, the vastness of which will defy the capacity of a single article; therefore, I will, of necessity, be forced to select some one phase of this subject, and give this phase exclusive discussion, for this subject, in its full scope, is without limit—it is like a sky without a horizon, an ocean without a shore; it is as old as the history of our race, and it began with

"The fruit of that forbidden tree,
Whose mortal taste brought death into the world and all our woe."

In making a selection of an individual phase of this subject, I have tried to select that one with which our profession is most intimately connected, and that one which we, as physicians, have some chance to forestall and some power to control.

I shall, therefore, briefly discuss the physiology of the reproductive functions and the psychological relations that these bear to the ultimate virtue or vice of the offspring.

The use and abuse of the reproductive functions of our nature, concern the race more essentially than the popular questions of politics and theology. Temperance and judiciousness are the light houses that warn us of the shoals and breakers of excesses and improprieties. The decrees of God are the eternal laws of His vital system, written

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upon the constitution of man, and reproduced whenever a child is born. More can be effected under the laws of heredity, in forming the character of a human being in nine months of utero life, than can be in nine years after the birth of the child.

The connection between nutrition and reproduction is most intimate. The kind and quantity of food on which the mother subsists, her surroundings, the influences resting upon her during the period of gestation deeply affect the body and soul of her offspring.

This law that impressions received during the immaturity of the powers become the unalterable habits of after life, is, perhaps, the most momentous of all the laws in whose power we find ourselves. The habits of parents become instinctive in their children. Impressions are stamped upon the child by ruling thoughts and habits, or by whatever strongly impresses the mother during the period of gestation, and thus we have an issue cursed with human vices or blessed with human virtues in proportion as the mother has been favorably or unfavorably surrounded and influenced during the period of gestation.

What is wanted is to invest love relations and parenthood with dignity and ideal purity When human beings realize, even vaguely, that they are clothed with the power, and burdened with the responsibility of transmitting, as a baleful legacy to their offspring, defect and crime, and that this legacy is to be the curse of life on earth, then there will come a change in the mind and conduct of parents. When right generation and right education prevail, private vice will be consumed in public sentiment. Sexual impulse, unrestrained, unguided, is the cause of the most terrible crime, and from it flows a great share of the misery and degradation of the world. To eat and multiply is the animal being, and when man yields to the same impulse he becomes an animal, more debased in proportion as his intellect furnishes the means.

Parents alone are responsible for the bodies and souls of their offspring. The cry of the wronged ones goes up to Heaven: "From our parents cometh our misery." God Almighty enjoined upon the mother of Samson that she should drink no wine or strong drink and eat no unclean food after her conception. He knew that virtuous and vicious habits are transmitted from mother to child during gestation, that the influences surrounding her and her habits and diet during gestation determined the destiny of her offspring, and hence, as Samson was to be a factor in delivering God's chosen people, He wanted a perfect man.

A mother may impose upon the world a discordant nature, and upon her child the greatest curse a parent can entail. Who shall de-

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liver us from our ancestors? The sins of the parent are visited upon the children to the third and fourth generation. Between the broken law and its entailed consequences, stands the mother, invested with a power which makes her a redeemer or a nemesis. The son which Hannah prayed so earnestly for, and gave unto the Lord, before his birth, inherited a soul which had been to school before its first breath; and we find Samuel ruling the capricious hosts of Israel from his childhood and at the end of his long reign calling without a response upon the assembled tribes for one wrong he had committed as a ruler, and for one duty he had neglected as a priest.

Why did the Creator enjoin upon the mother of Samson absolute temperance and propriety, and why did He answer the prayer of Hannah and keep her mind in the "hollow of His hand" during her gestation of Samuel? It was to teach the very lessons I am trying to put forth —that physiological and psycological conditions and influences during pregnancy have more to do with the destiny of our race than all other agencies combined.

Every false marriage is a fountain of impure waters. Such a relationship brings into the world a fresh supply of blood love children —offsprings of the inferior elements of reproduction—with hereditary dispositions to crime of every kind and magnitude, which all our legal arrangements are expressly made to prevent, or to prove against the victims and punish them.

The offspring of these unhappy marriages are doomed to come into the world cursed with the effects of the unwholesome and unhappy surroundings of the mother and under the theory heretofore advanced, this being is doomed before its birth to go astray and predestined to become a criminal of greater or less magnitude accordingly as the intellect may render possible and opportunities may encourage, and nothing short of the omnipotent grace of God can forestall his destiny.

Suppose a child to be begotten at the close of a night of ball room dissipation on the part of the mother, and of a night of Bachanalian debauchery on the part of the father; and suppose, during the period of gestation, the mother goes through a long season of fashionable society life, engages in the suggestive waltz, enters into the exciting and tempting lascivious round dances night after night, keeps late hours, feasts upon highly seasoned and exciting foods, drinks wines and engages in the different and exciting games of chance so common in high life, then if the proposition is true that heredity is a reality and that the influences of the mother upon the child during gestation is the controlling factor in creating the temperament and shaping

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the destiny and disposition of the child for all after life, what must be the fate of the being brought into the world under these circumstances and antecedents? Here is one of the sources from which our penitentiaries are filled, our mad houses supplied and our gibbets furnished.

The law of heredity cannot be evaded, and the effect of pre-natal influences cannot be denied, disguised or unheeded. No amount of money can purchase exemption from the authority of the one and the profound results of the other. No amount of learning can design any way to circumvent their operation. No amount of refinement can refine away their power and influence. The evil habit, the coarse nature, the selfish ambition, the animal propensities and indulgencies, the querulous temper, and grasping avarice, under however gilded and reputable exterior they may be concealed, or behind however much of ancestral distinction and honor they may be ensconsed, cannot do otherwise than transmit an inheritance of evil to posterity, and in some form or other stay, as a burden instead of a help; as something dragging the nature down, holding it back from achievement which, otherwise, might be easily attained. In the light of such a law, and in the face of the effect of such influences, how urgent is the motive for uprightness and purity, for moral cleanliness of every form; for temperance, sobriety and self-control. For in these virtues lie, in embryo, the clean brain, the pure heart, the strong-fibred conscience, and the sound and stalwart body of the generations yet unborn.

Now what can we do as physicians to check this awful tide ? We are behind the curtain in the domestic drama. We are quasi member of each family into which we are called to enter professionally. We have a relation of confidence and have privileges as to the secrets of our patients that no other profession or occupation enjoys. As doctors, we have full and fress passport to the sanctum sanctorum of each home into which we are professionally called. We owe our profession; we owe our kind; we owe our country, and we owe our God a higher duty than to merely make professional visits and prescribe for physical ailments.

It is our duty to teach as well as prescribe; it is incumbent on us to prescribe information which peculiarly belongs to us as doctors, as well as to prescribe the proper physic. We might shield many an unborned being from degradation and shame and crime by making timely and appropriate suggestions to parents. The most of people desire their offspring to be good at least; the most depraved mother will strive to protect her youthful and unstained daughter from the influences that effected the mother's fall, and the agencies that wrought her ruin.

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And in every instance, if the parents knew that their excesses and improprieties were to be visited upon their children, they would forego all these during the period, at least, when their influences would necessarily be so profound and potent and far-reaching.

Then let us become missionaries as well as physicians; let us publish it in Gath and tell it upon the streets of Askelon, that not only the body, but the very soul and destiny of the unborned millions is within the control of parentage, and that it is within the power of parents to send into the world a desciple of virtue or a devotee of vice, just in proportion as they may observe or disregard the laws of heredity and habit.

SEPTICEMIA AND THE CURETTE.

By H. Plympton, M D.

To attempt to break up an old established custom in any line of life is at best, a thankless job, and one likely to call down harsh criticism upon the head of the daring iconoclast.

To attempt to uproot old prejudices existing in favor of a certain line of practice in surgery, and diametrically oppose such practice, is to invite from some, adverse criticism of the harshest kind. The only recompense for this is a logical refutation of, or concurrence in the argument advanced, on the part of other members of the profession.

This latter is what I hope for, and if I provoke a discussion, or start a line of thought in the minds of half of the readers of this article, I shall have achieved all I started out to do.

Curetting the uterus to remove fragments of after-birth or other debris has been taught in our medical schools from time immemorial, and it is firmly fixed in the receptive and retentive mind of every medical student that the first move following any such abnormal uterine condition, is to cleanse the uterus by means of the curette.

That the organ should be thoroughly and aseptically cleansed admits of no argument, but that the work should be done with the curette, I deny most emphatically.

The majority of cases of death following the decomposition of foetus or placenta in utero, are caused by the use of the curette, and I hold that septicemia may be avoided if a more rational procedure is resorted to.

The condition of the uterus containing septic matter is one of great congestion; the thickened walls being coated internally and over the os with a thick, brown, tenacious mucus.

The congestion is active, and therefore the more dangerous in the event of the admission of septic matter into the circulation.

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If the curette is used, denuding the walls of their protective covering, an immediate vaccination takes place with a septic virus, septicemia following in an incredibly short space of time (chemical metamorphosis is marvelously rapid in the circulatory system) and death quickly ensues.

If without using the curette, we can remove the septic matter from the uterus without disturbing the mucus covering, and enable the uterus of itself to expel the coating, we shall have taken a long step forward in the treatment of this class of uterine cases.

The uterus, by reason of its congestion may be made to perform a self-cleansing act by exciting the exudation of the serum of the blood into its cavity, thereby washing itself out, and expelling all septic matter instead of absorbing it.

This process of exosmosis is induced by a properly combined alkaline solution at a temperature above 100° and a strict avoidance of Bi-Chloride, Carbolic Acid, Formaldehyde, or any antiseptic of an acid reaction or astringent nature, which would coagulate the fibrine and albumen of the blood.

My method of procedure is as follows:

First. The gentle removal of whatever fragments are lying in the uterine cavity, by means of forceps, care being taken not to tear from the walls any adherent piece.

Second. The gentle flushing of the uterine cavity with the alkaline solution (110°), the reservoir containing the fluid being not more than two feet above the level of the hips.

If the flushing could be continuously administered for a few hours (say two or three), the conditions would be more speedily reduced to normal, but the discomfort of the position of the patient (on a Douche pan), prevents this, and a flushing once every two hours with one quart of solution is about the limit of treatment.

For flushing the uterus, I use a small dilating uterine douche, and as there is plenty of room for the escape of fluid and fragments, there is no danger of fallopian colic or salpingitis.

The first flushing is frequently followed by contractile pains and expulsion of any previously adherent pieces, together with much of the mucus.

A tablet of Ext. Cannabis Indica, gr. 1-4.
Ext. Ergotin, gr. 1-2.
every hour till desired effect is produced will contract uterus and alleviate pain.

The bowels should be moved freely, both by enema and catharsis.

During the interval between douches, the patient should be kept on

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her back with the hips sufficiently raised to permit the retention in the vagina of as much of the alkaline solution as it will hold.

The rapidity with which this treatment will reduce temperature, relieve pain, stop vomiting and remove offensive odor is marvelous to one who has not tried it. Sometimes two flushings are sufficient to cleanse the uterus thoroughly; vaginal douches being all that are needed subsequently to complete the work.

Uterine congestion is speedily relieved, and the uterine discharge changes from brown, thick bad smelling mucus, to a thin transparent one, accompanied or followed by more or less of a flow of blood.

A reduction in the frequency of the flushings is desirable as soon as a tendency to return to normal conditions begins to be observed, as it frequently will within twenty-four hours. Then simple vaginal Douches every three hours with an ocacsional uterine flushing if symptoms indicate it.

The action of exosmosis (and endosmosis, for there is every reason to believe in the absorption of some of the fluid), is what is desired to relieve the existing congestion, as in a Bronchitis, Pneumonia, Congestion of Kidney, congestion of any mucous membrane, etc., and is the most rational means of restoring to normal condition.

I do not wish to be understood as decrying the use of that most valuable instrument the curette, but only the abuse of it to-wit: its employment under such conditions as make it practically a sharp weapon loaded with septic matter, dangerous beyond the poisoned arrow of the Malay, or the fang of Cobra, and utterly opposed to our modern ideas of antisepsis.

No. 2 Macon St., Brooklyn, N. Y.

CHILD LABOR—A NATIONAL CURSE.*

By J. Lawton Hiers, M.D.,

SAVANNAH, GA.

The medical fraternity as a whole represents nothing if its power for good be curtailed or neglected. It stands as the connecting link between health and disease, life and death, morality and degeneracy, enlightenment and a lowered mentality, loftier ideals and debased motives. It is, as it were, the mediator between good and evil; the counselor of mankind. Founded its principles upon the rock of truth; having delegated to itself the protection of humanity; having established within itself the confidence of a trusting people, it devolves on the physician as the disciple of an unsullied art, and the custodian of his country's welfare, to shatter the multiplicity of false idols and

*Read before the Tri-State Medical Society of Alabama, Georgia and Tennessee.

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ideals that may exist among his constituents, and lead them from darkness of ignorance and possible despair back to the light of nobler things.

To the average layman this vital question is probably of little moment, for he has not paused in his mad rush for gain to reflect on its immensity. Or, if given a thought the same is transitory and soon lost amid the hustings of commonplace events. The cause of humanity is without his sphere, and its cares evoke little sympathy. With the profession, therefore, rests the responsibility; and on the medical profession especially, for which an eye single to the creation of a perfect physical manhood, no ulterior purpose can be attributed to it for espousing the cause of countless multitudes of care-worn children who eke out a miserable existence under the domination of some plutocrat who fills his cankerous coffers at the expense of their wan features, pallid countenances and ghost-like forms.

Northern capital is chiefly responsible for the present condition in the South. The New York Journal recently declared such to be the fact. Northern capitalists do not hesitate to avail themselves of the cheap labor of our little ones; and we stand idly by passive and apparently indifferent and raise neither hand nor voice in opposition! How true that they have taken away from them who have not even that which they have! Can capital willing to receive such ill-gotten gains be appealed to morally? Has it conscience, does it know the meaning of pity, or can it be expected to manifest sympathy? What a travesty on justice! What an insult to humanity! Its talons sink deep—and deeper still into the throats—into the very lives of its victims: and, helpless, they struggle for a while and then succumb.

Picture the spectacle of little children drudging for pitiful wages in the factories, the mills, the mines of this new, rich and what we are wont to call glorious country—their innocent lives "ground up into cotton fabric and dollars" and tell me wherein the glory lies. Is this not rather a national crime—an indictment of industrial system which makes such sordid cruelty possible? If civilization can find no better agency for the education of our children than through the medium of factory life it were infinitely better that they be reared in ignorance; for the "education" imparted through this source is at best but calculated to stunt the body, to destroy the health, to deprave the moral and to dull the mind. And with these elements lacking future anticipation and hope become a farce. The strong must fight the battles of the weak; the helpless must be protected. This is a duty as strong as the love of Divinity and one we cannot shrink The issue is clear cut, there can be no quarter. The sterling man

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hood of our country—and especially of every Southern State—must rise and compel legislation which shall teach capital, regardless of the section from whence it may come, that we can and shall protect the innocents who have not the power of shielding themselves. We can, yes, and must—"Rise and right the wrongs of ages, balance time's unequal pages"—not with the sword but with the law.

In the South especially the evil of child labor seems to be growing. The estimate is made that some 22,000 children are working in manufacturing establishments in our southern country: and that between 9,000 and 12,000 of these are less than twelve years of age. According to statistics recently published, the increase during the decade between 1870 and 1880 was 140.9 per cent.; from 1880 to 1890, 106.5 per cent.; between 1890 and 1900, 270.8 per cent. Out of 45,044 operatives in textile manufactories in North Carolina, 7,996 were under 14 years old, and their daily average wages was 29 cents (Rev. E. G. Gardner). When we ponder the long hours these immature individuals are kept at work, well may we shudder and imagine their future. The formidable character of the increase of this abuse can be realized, for the subject is at once brought to our very doors. Well has the editor of the Journal of the American Medical Association remarked: "It is bad policy for a State to encourage the increase of degeneracy in this way, to say nothing of the questions of humanity involved. Whatever may be thought of some of the other demands of the labor agitation of the day, that for the abolition of child-labor, as it exists in some of the southern factories, can be enforced by our profession and should be by the public generally.

One reason why speculative cotton industries are seeking the South is because here, with possibly few exceptions, they are free to employ child labor, while in the North legislation is being, or has been, enacted against it. Georgia, South Carolina, North Carolina and Alabama are singularly remiss in the enactment of compulsory education and child labor laws. The Southern States as a whole are sadly deficient in this respect, and many years behind our northern neighbors. But wherever it exists the employment of children in factories is a source of danger not only to the community, but the commonwealth. The matter can only be successfully checkmated by enforced legislation and activity. Lax measures will produce lax results; and when the law becomes indifferent and our activity ceases, child labor will thrive.

Aside from capital, the avarice and greed of parents and guardians is largely responsible for the present unfortunate condition, but it is just here that the law should intervene. If we have laws that prove ineffectual, they should be repealed and others enacted. A law that is not enforced is no law at all, but a travesty.

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Child labor is a thing in which the public cannot afford to remain either uninformed or unconcerned. It is a case of save the child or accept a reduced average of adult efficiency in the next generation. The coming generation of men and women we must guard, and this will be manifestly impossible unless we exhibit a greater and more commendable desire to protect the rising one of little children.

A CASE OF BRIGHT'S DISEASE BENEFITTED BY THE USE OF APOCYNUM CANNABINUM.*

By R. B. PAINE, M.D.,

MANDEVILLE, LA.

The use of apocynum cannabinum in Bright's disease has been exploited from time to time for many years, but it seems to me that it has hardly taken the rank among therapeutic agents, which it justly deserves. This may be due to several causes, chief among which is the lack of good results on account of an inferior preparation of the standard drug, or the substitution, intentionally or otherwise, by the manufacturing pharmacists, of some variety of the plant different in therapeutic power from the true genus now under consideration. The preparation which I have used was made by the Nickells-Stone Chemical Company, of New Orleans, and the appended letter from Mr. Stone describes the care which they exercise in furnishing a reliable product.

I have now for more than a month been apparently holding in abeyance a fatal termination in a case of chronic Bright's disease with mitral regurgitation, which had previously been treated by some physician in New Orleans with a host of diaphoretic, diuretic and cathartic medicines, while his suffering was constantly growing more intolerable by reason of the ever increasing anasarca, while under the influence of this one remedy, persistently administered, the annoying symptoms of dyspnoea, palpitation, etc., have been wonderfully relieved. The fluid extract being very bitter and nauseous, I administer it in capsules followed by a drink of water, and so far this method has protected the patient against the usual nausea and vomiting so frequently recorded in the experience of others.

Now to the case to which I desire especially to call your attention. Was called on Feb. 13, 1902, to see Mr. B. aet. 47; he seemed to be suffering at that time with only a slight attack of bronchitis, for which I prescribed without having my attention called in any way to the condition of his urinary system. I had known him for several years, and had latterly begun to look upon him with suspicion, thinking that

*Read before the Tri-State Medical Society of Alabama, Georgia and Tennessee.

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he might have kidney trouble, chiefly on account of a change in his facial expression, and complexion. A few days later a message came stating that the patient was very little better, and wished to know it he should have the prescription refilled. I went to see him again at once, and while talking to him, I noticed through his trousers an unwarranted roundness of the knee joints. Examination disclosed effusion with pitting from the knees down. Upon examining the heart I found a very loud mitral regurgitant murmur with dilatation and a chemical analysis of the urine showed albumin in abundance. I at once began the routine treatment for this complicated condition, administering in turn the Da Costa heart tonic tablets, Co. Jalap powder, Elaterium, Uva Ursi, Buchu, hot vapor baths, dry hot air baths, and everything that I ever heard of being used in this condition. The results were uniformly unsatisfactory and at the end of about three weeks the ascites was so marked that the patient was unable to lie down or sleep at all. In my efforts to find something to give the unfortunate man some measure of relief, my attention was, by accident, called to apocynum cannabinum, and as a drowning man will grasp at a straw so I seized upon this thought with avidity. My patient at this time was passing by actual measurement only six ounces of urine in 24 hours. I began the administration of the fluid extract in 8-drop doses every 4 hours, and 12 hours after the first dose was taken, the flow of urine began to increase so that in the next 24 hours the amount of urine had increased to 132 fluid ounces, and for about a week the amount varied from 130 to 160 ounces. The ascitic fluid being by this time nearly all drained off, there being no oedema except a little below the knees, the amount of urine began to diminish, and I reduced the quantity of the medicine to 4 drops three times daily. During the administration of the full doses the pulse rate was reduced from 116 to 92 and its quality was much improved, the patient being able to lie down and sleep comfortably, and the distressing dyspnoea vanished and never after gave any annoyance. A few weeks later the effusion began to increase, the pulse rate went up to 118, and one day after taking a little walk in the yard, he came in, expressed himself as feeling very tired, walked to his bed, and leaning over it face downward, expired without a struggle. Now while this case was not cured by the use of the remedy, the distressing symptoms of dyspnoea, and inability to eat or sleep or have one moment of comfort, were dispelled as if by magic under its wonderful influence. In these utterly hopeless cases, where we know that on account of structural changes in the vital organs it is useless to expect a cure, I think we should at least try every reasonable means to afford some relief to the unfor-

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tunate mortals who are forced to greet us at each visit with entreaties for help, and I wish to impress upon you that with these facts in view a physician has hardly done his whole duty to this class of suffering humanity, until he has secured from a reliable manufacturer an unquestionably genuine preparation of apocynum cannabinum, and given it a faithful, impartial, and thorough trial.

New Orleans, La., Sept. 30, 1902.

Dr. R. B. Paine,
Mandeville, La.

Dear Sir:—

Replying to your esteemed favor of the 26th inst., we have great pleasure in stating that our Fluid Extract Apocynum is manufactured from the true Apocynum cannabinum.

Many manufacturers use an inferior drug or wrong variety in preparation of Fluid Extract Apocynum and as a result the drug has been condemned as not possessing the therapeutic properties attributed to it. We take every precaution with a view to obtaining the genuine Apocynum cannabinum for the manufacture of our fluid extract. Every bale of drug that is received is opened up and carefully examined to be sure that it is the genuine drug, free from admixture of Apocynum androsaemifolium.

The finished fluid extract is always assayed and adjusted to a definite standard and positively possesses all the properties and virtues belonging to a carefully made extract of the genuine drug.

It is with pleasure that we note the very satisfactory results which you have obtained from the use of our Fluid Extract, and assuring you that the same care is taken in the manufacture of all our fluid extracts as in this one instance, we remain,

Very truly yours,
Nickells-Stone Chemical Co., Ltd.,
Per W. H. Stone, Supt.

(Copy.)

TREATMENT OF TYPHOID FEVER.*

By O. L. Shivers, M.D.,

MARION, ALA.

In this short article, which I present for your consideration, I do not propose to enter into any dissertation upon the etiology, pathology or symptomotology of typhoid fever, for all of you know as much, and probably more than I do in regard to these portions of the subject.

*Read before the Tri-State Medical Society, Birmingham, Ala., October 9th, 1902.

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I merely wish to call your attention to the treatment of this disease, which I began nearly three years ago, and have continued to use, with the most satisfactory results since then. After the treatment of thirteen cases I submitted my plan of treatment, with my reasons for the same, to the physicians of my town with the request that they use the same with their patients. They did so, and had the same good results with their patients that I had. Now with matters of religion, history or legend, I would not say or do anything to destroy the ideals, which we have cherished for ages, but in the treatment of typhoid fever, resulting in cutting short the disease, by one half in regard to time, I would be proud, if I could win the distinction of being an iconoclast, whose touch would dissipate into thin air, the fear that typhoid fever would linger till six or nine or twelve weeks had passed. This, I believe, I have done. Drs. G. R. Johnson and C. B. Robinson will testify to this in their own practice.

In beginning the treatment, it is necessary to know first that you have, submitted to your care, a case of typhoid fever. In many cases it is possible to recognize the presence of typhoid fever in a patient within ten minutes from the time of entrance into the sick room. In other cases several days will have to pass by before we will be able to discover, positively, the existence of typhoid fever for the reason that malaria and typhoid may, and very often do, exist in a patient at the same time. The presence of malaria will certainly mask the symptoms of typhoid. Then the physician must treat the malaria first, so that he can eliminate that from any further consideration.

To accomplish this purpose, I give, in the morning preferably, the following:

℞ Hydrarg Chlor Mit 1.00
Sodium Biscarb 0.25
Ipecac 0.25
m

This to be put into six capsules, giving one every 2 hours till (3) three have been given. Should these not produce any discharge from the bowels in eight hours after the administration of the third capsule, give a Siedlitz Powder, or two teaspoonfuls of Epsom or Rochelle salts. Then at 10 p. m. I begin the administration of quinine in the following combination, viz:

℞ Quin Bisulph 4.00
Antikamnia 1.50
Codeine 0.20
Ft Capsules xij m

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Give one of these at ten at night and repeat every four hours till four are given. The next night give the quinine at the same hours, and in the same quantity. If there is no control of the fever, you may be sure that it is a case of typhoid.

Then I begin the treatment which I have found so beneficial in abbreviating the febrile portion of the disease.

In many cases I find the typical symptoms of typhoid present at my first visit. When I see these cases I do not give the preliminary treatment which I have just suggested for the elimination of malaria, but begin at once to give the following:

℞	Ammon Carbon	10.00
	Creolin	1.50
	Beta Naphtol	0.50
	Tr Opii Deodor	10.00
	Spts Camphor	4.00
	Mucilag Acac Qs ad	128.00
		m

Sig.—Shake before giving.

Of this mixture I order one teaspoonful to be given every two hours till half a dozen doses have been given, and the patient is brought under the quieting influence of the Tr Opii Deod and Spts Camphor. Then the intervals are lengthened to three and four hours. This is to be given continuously day and night, throughout, and when the fever has subsided, which will occur in from six to ten days, the intervals between the doses to be lengthened or the doses to be made smaller and given with the same intervals of time between their administration as were the full doses during the existence of the febrile stage.

Every two or three days I find the necessity for the administration of the following antiseptic powders:

℞	Hydrarg Chlor Mit	0.12
	Beta Napthol	0.06
	Lactopeptine	0.75
	Ft Chart vj	m

Sig.—Give one every hour till all are given.

Eight hours after the last of these powders has been taken give a Siedlitz Powder or dose of Rochelle salts to flush the sewer of the body (the alimentary canal), to carry off all fermented or decomposed

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portions of undigested food or abnormal secretion. My reasons for the use of each ingredient in this combination are these:

The name "typhoid" was given because it was typhus like, and the Greek word "Tuphos" means "smoky or cloudy," which is expressive of the mental conditions of the patient. This condition is due to adynamia, and to combat this condition, I selected the carbonate of ammonia, the stimulating effect of which is well known. To bring about antisepsis of the alimentary canal, I selected Creolin and Beta Naphtol, both of which are insoluble in water, and by being mixed in mucilage, are carried through the stomach, into the intestines, and brought in contact with the abraded surfaces of the inflamed glands. The bacillus typhosis does not live in the presence of these agents, and when the antiseptic powders, to which I have just made allusion, are given and followed by Siedlitz or Salts, the absorption of ptomaines is prevented. In selecting the salines for emptying the bowels, I did not want to risk the mechanical effects of castor oil or rhubarb or Senna, for fear of producing hemorrhage. In regard to the diet, I prefer a liquid food until a week has passed after all febrile symptoms have subsided. I never hesitate to allow buttermilk, but caution the nurse to make intervals of time between the administration of the Ammonia mixture and the buttermilk, at least one hour, because it is not desirable to bring about any chemical reaction between the lactic acid of the buttermilk and the ammonia.

Sweet milk is to be avoided throughout the whole course of the disease. I have found from experience that it is the most potent factor in prolonging the existence of fever, of any and all articles of nutrition, which has ever been given to a typhoid patient.

Rice has been considered by most people a sick person's food, but I know from experience that it ferments more rapidly than anything that goes into the stomach.

The white of an egg mixed, not beaten, with water in which a grain of salt is dissolved is the ideal food for a typhoid. It does not ferment or decompose when the stomach and intestines have been treated with the antiseptic powders to which reference has been made. The proportion of the egg and water is, the white of one egg and six tablespoonfuls of water. Of this mixture two or three tablespoonfuls to be given every three hours.

In regard to arterial stimulants, should the need for them arise, whiskey and water, without sugar, should be given always before the food by fifteen or twenty minutes. The medicines, to make the food and arterial stimulant more effective, are strychnia one sixtieth grain, and Sparteine, one-half grain, given morning and night.

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ADDRESS OF WELCOME TO THE TRI-STATE MEDICAL SOCIETY, OCT. 7, 1902.

By Hon. W. M. Drennen,

MAYOR OF BIRMINGHAM, ALA.

Gentlemen:

During the past few months the City of Birmingham has had the pleasure of having the State Teachers Association, the Republican State Convention and the Medical Association of Alabama; but none have met here who are more welcome than the Tri-State Medical Society, which you gentlemen so ably represent here this morning.

As I am to be followed by a gentleman learned in law who will extend to you on behalf of the professions and another gentleman whom you doubtless all know and who is not only learned in materia medica, but politics as well, I feel that whatever I have to say should be brief.

Several months ago a minister said that in the City of Birmingham there were eighty lawyers, eighty saloons and eighty doctors. By comparison at the present time I find that there are 90 doctors, 100 saloons and 150 lawyers. Not being able to account for the great increase of lawyers over that of saloons and doctors I asked a sour and retired member of the legal fraternity to explain to me the cause of this increase. His answer was: "I know of no way of explaining it better than by saying that when a man was not able to own a saloon or graduate in the medical profession that there is nothing left for him but to take up the study of law."

While the city of Birmingham cannot boast that her population exceeds that of other cities in the States which compose this Tri-State Medical Society, our reasons are that we have not had time to extend our corporate limits as rapidly as we should have done or as extensively as our sister cities, namely, Memphis, Nashville and Atlanta. Ensley, a surburb of this city, is now considering whether it would rather become a part of Birmingham or Memphis; North Birmingham, another surburb, is trying to solve a similar problem as to whether it would rather become a part of Birmingham or Nashville, and East Lake and Gate City, also suburbs of Birmingham, now have the same question under consideration as to whether they will become a part Birmingham or Atlanta. As we expect to vote on this question within the next few months I am sure that all the suburban towns will agree to become a part of the city of Birmingham rather than to change or lessen the boundary lines of the good old State of Alabama.

During the past year this city has spent in erecting three new public schools, seventy-five thousand dollars, a city hall, two hundred thousand

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dollars, and for permanent street improvements three hundred and fourteen thousand dollars, making a grand total for permanent improvements for the year 1901 of five hundred and eighty-nine thousand dollars.

During the present year our permanent street improvements will exceed that of any previous year in the history of our city. Our Street Railway Company will spend not less than seven hundred and fifty thousand dollars in the improvement of its property, which will make it one of the best systems anywhere in the United States.

Our County Sanitary Commission have let contracts for the construction of a sanitary sewer sufficient to unite Birmingham and all its suburban towns under one trunk sewage system, which when completed will cost not less than five hundred thousand dollars.

Our great increase in population is not due alone to the progressive merchants, the progressive bankers, the progressive financiers of the great corporations that have planted their millions in our city and district, for had it not been for the medical profession who never forgot to look after the health and sanitary condition at all times of our city and county, these investors would never have invested their millions in our city and district.

It is an honor as well as a pleasure to welcome the members of a profession to our city who have done so much for their fellowman--the only profession that has achieved a distinction of not only looking after those who are rich and illustrious, but enjoys the distinction of representing a profession that no man, matters not how ignorant, illiterate or poor, but that he can procure the services of one of your noble profession to care for him. As the chief executive of this magnificent and progressive city, I extend to you our most cordial greetings.

KOCH AND THE WORLD'S FAIR.

In a letter to Dr. Geo. Brown, of Atlanta, Secretary of the American Tuberculosis Congress, Dr. R. Koch, the eminent specialist, writes: "I have just received your letter and hasten to inform you that, in case the German government will officially take part in the Congress of Tuberculosis in St. Louis in 1904, appointing me as delegate, I would gladly come. In this case I would also with pleasure accept the nomination as vice president."—Ex.

Dr. Seale Harris was appointed a delegate to represent Alabama at this Congress at the recent meeting of the Tri-State Medical Society, held in this city. Dr. Harris is a close student, a careful observer, and we can safely expect a profitable report from him for publication in the Journal.

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Selected Articles.

A NOTABLE IMPROVEMENT IN THE THERAPY OF TYPHOID FEVER.

The recent discovery, by Duval and Bassett, of the presence of the bacillus dysenteriae (Shiga) in forty cases of infantile summer diarrhea, awakens renewed interest in the subject of intestinal antisepsis. But a few months have elapsed since Drs. P. C. Freer and F. G. Novy, of the University of Michigan, demonstrated the enormous germicidal power of benzoyl-acetyl-peroxide, more familiarly known as Acetozone. Although the preliminary reports of these investigators were of necessity based upon results of laboratory experiments, their expectations are already being realized in clinical work, in the treatment of typhoid fever, particularly.

In the city of Chicago, where a large number of cases of typhoid have been reported, Acetozone has been used exclusively in the treatment of about 300 of them. The consensus of opinion is that it causes the temperature to decline earlier than usual in the course of the disease, and it ameliorates the mental and physical condition of the patient, in all probability by controlling the toxemia.

Two Chicago practitioners, I. A. Abt, M.D., and E. Lackner, M.D., have thus far reported (Therapeutic Gazette, October, 1902) forty cases of typhoid, in children, treated with Acetozone, with but two deaths, a mortality of 5 per cent. One of the patients that died succumbed to pneumonia and pulmonary edema, the other to great pyrexia on the fifth day. Stupor and tympanites were almost entirely absent in all the cases; the characteristic typhoid fetor of the stools was markedly diminished, and the hemorrhage occurred but twice, and in the same case. The average duration of the febrile period, in 37 cases, after beginning Acetozone treatment, was 13 1-2 days. The drug did not seem to act upon the heart or respiratory apparatus.

Early this year Eugene Wasdin, M.D., of the U. S. Marine Hospital Service, Buffalo, N. Y., reported 27 cases (American Medicine, Feb. 8, 1902), of typhoid fever, 24 of which were treated with Acetozone, all of the patients recovering. The writer says: "Its application in typhoid fever has been followed by very happy results; its use has been directed to the destruction of the germ in its primary lung colony and also in its secondary intestinal colony, and it has been used by hypodermoclysis to combat terminal expressions, with the

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result that in 24 cases the disease has been limited almost entirely to the expression of intoxication from the primary focus, the intestinal symptoms remaining entirely in abeyance, and the disease has been shorn of many of its most disagreeable features."

In a second paper, which appeared in the Therapeutic Gazette, for May 15, 1902, the same writer states that his patients were given from 1500 to 2000Cc. of the aqueous solution of Acetozone daily. The diet was milk diluted with the same solution. The first influence of the drug is observed in the increased secretion of urine. That this is not due wholly to the ingestion of large quantities of water, necessitated by the use of the saturated solution is evident from the author's assertion that the same result was observed when Acetozone was administered in capsules. The second influence to which attention is directed is the very pronounced decrease of the odor of the stools, while plate cultures from the dejecta showed comparatively few germs.

The deodorant and diuretic effects of Acetozone were also observed by G. H. Westinghouse, M.D., of Buffalo, (Buffalo Medical Journal, Aug., 1902) who used it in seven cases. This observer remarks that with the increased flow of urine "a corresponding reduction of typhoid symptoms followed, and tymapities and delirium disappeared." It should be remarked that the diagnosis in all these cases, as well as in most of those reported by the Chicago physicians, was confirmed by Widal's reaction and Ehrlich's test, and in some a blood-count was resorted to. Westinghouse concludes his paper by saying that "Acetozone, as an intestinal antiseptic is unequaled by anything I have ever employed. A complete subsidence of all the bowel symptoms followed in every case of typhoid within a few days after beginning its use. The application of the antiseptic consisted, in most cases, in simply allowing the patient to drink the saturated aqueous solution ad libitum; or, in other words, substituting this solution for all other liquids, and urging the patient to partake of it freely when the natural craving was not sufficient to insure the consumption of considerable quantities."

TREATMENT OF TYPHOID FEVER WITH CASTOR OIL.

By C. C. Bass, M.D.,

COLUMBIA, MISS.

It is proposed in this paper to call the attention of the Association to a treatment for typhoid fever which is at once old and new. The treatment is old in that castor oil has been administered for many years to relieve certain conditions as they arise in the course of the disease, it being often used to relieve tympanites, constipation and ac-

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cumulation of undigested and hurtful food. Perhaps there are few physicians present who have not used castor oil at some time in the treatment of typhoid fever. It is the equivalent of the established limitative treatment, but it is a better choice of drugs. It is new in that castor oil has never been administered as an exclusive, or nearly exclusive, treatment. The quite considerable inquiry which I have made has failed to find the treatment suggested in this light, except in an article of my own published in the Mississippi Medical Record, April, 1902.

This paper will present briefly—first, the theory; second, the method; and third, the result of the treatment.

1. The Theory.—Typhoid fever is an acute, contagious, self-limited disease characterized by inflammation, necrosis and ulceration of Peyer's patches and the solitary glands of the small and large intestines. The cases are generally divided into three varieties—the abortive, the mild, and the severe forms. In the abortive forms there is no necrosis and no Peyer's patches. In this form the temperature reaches normal in the second week. This form seldom occurs in the section of the country where I practice. In the mild type, the temperature reaches normal in the third week, with slight elevations generally extending in the fourth week. The bowel lesions may be extensive, but healing is prompt. In the severe form the temperature ranges high. It may reach normal in the fourth week, but may not do so for a number of weeks longer. In the second or third week, the patient passes into a low adynamic condition characterized by dry tongue, sordes, delirium and muscular disturbances. It is also claimed that severe cases are those in which the absorption of toxins from the alimentary canal is extensive, and the elimination therefrom is defective. In the abortive cases there is seldom tympanites, in the mild ones very little; in the severe ones this is a prominent symptom. The more tympanites, the severer the case, and vice versa. Meteorism arises from two principal causes—first, increased fermentation, which takes place in the intestinal contents; and second, paralysis of the muscular coat resulting from toxemia. If the gases in the tympanitic are not themselves toxic, they, at least, increase the tension in the bowel and increase the absorption of the toxins and the germs that do exist in the canal. It is a firm conviction with me, that the serious nervous and muscular symptoms are, to a very great extent, if not altogether, due to the absorption from the intestinal canal of toxins. The results of the castor oil treatment prove this clearly enough, and, it seems to me, does it conclusively. Take any case of uncomplicated typhoid fever where the temperature ranges above 103° F., and give

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a dose of castor oil every twelve hours, giving no other medicine at all, and the temperature will invariably be reduced in three days, and will generally be below 102° F., and always below 103° F. Any case with wild delirium will subside in the same length of time. The effects of the oil is confined to the bowel. It accomplishes what it does effect by eliminating from the bowel germs and toxins which would otherwise be absorbed. If sweeping germs and toxins out of the bowels, thereby preventing their absorption, diminishes these symptoms, then surely the absorption of these poisons must be the thing that causes them or aggravates them. The administration of antiseptics, such as have no effect on the nervous system, will generally accomplish the same thing. This is again evidence that the cause of the severe symptoms, or the cause of their severity, is the taking up of something from the alimentary canal. Therefore the theory is deduced that, the more of these gases, toxins and germs that are eliminated from the bowel, the milder will be the case. The thing, then, if this much of the theory is correct, is a drug which will eliminate these poisons from the bowel, and, at the same time, has no effect upon the general system, and will not spend the patient's strength. Castor oil is the medicine wanted. It goes through the bowel practically as a bolus, or en masse, and cleanses them more thoroughly than any other purgative, and it does not draw upon the system or any organ for its purgative property, but acts of itself, and is not absorbed to overload the already overburdened blood with abnormal substances. I feel myself justified amply in saying, after repeated and careful tests, that castor oil does not weaken or injure the patient, and that no other purgative known to me or used by me acts in the same way. In typhoid fever, digestion is very imperfect, and fermentation is excessive. We have in the alimentary canal, therefore, at all times, more or less fermenting and undigested food, which, of course, makes a bad application to the inflamed, necrosed, or ulcerated mucous membrane. Move this off often enough to prevent any accumulation of it, and protect the membrane with oil, and the inflamed spots will not be likely to pass to necrosis, and ulcers will heal more rapidly. The quantity of this fermenting and undigested food will thereby be lessened, and the case thus held to as mild a course as possible. If the ulcers are slow to heal, and the case runs a long course, the patient is not overburdened with toxins to exhaust him before they do heal and the fever subsides. Abortive cases will be kept abortive, mild cases made milder, and severe cases will be converted into mild ones.

1. The Medical.—Taking tympanites as my guide, my object was

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to keep the bowels as free as may be of germs, toxins and fermentation. When I first began the use of the treatment, I gave one dose of castor oil every twenty-four hours. I found that, after giving a dose, tympanites was partially or wholly relieved, but that it usually began to return before time for the next dose. I also found that the typical typhoid odor of the stool, while perhaps it was partially relieved, was never altogether. I then began to give a dose every twelve hours, and found that in from one to three days these conditions were entirely removed, the stool was rid of the typhoid odor, and was as odorless as that of the healthy man. The presence or absence of the typical odor of the stool became at once another valuable guide in the treatment. These two results—first, the bowels free from tympanites; and second, a stool free from the odor, indicating a satisfactory condition of the canal, can be had by administering a dose of castor oil every twelve hours, but it cannot always be had by less than that.

A dose of castor oil is an indefinite quantity in the treatment of typhoid fever. It varies in different cases, and in different stages and conditions in the same case. It may vary from one to eight drams. Enough to act in three to five hours should be given, but not so much as to act more than twice. If the patient is seen in the first week, when constipation usually exists, the dose will be from two to four drams, but if in the second or third week, when diarrhoea is the rule, one to two drams will be the proper dose. After one or two doses have been given, it can be easily regulated. During the second and into the third week, the dose is about the same, but increases considerably during the last week in the bed. In abortive cases the dose is usually larger all through the course of the disease. The taste is very well disguised by giving it in a warm cup with a little boiled sweet milk.

3. Results.—The result of the treatment is about as follows: The temperature ranges lower; the tympanitis and delirium do not occur, and if they are present, they soon subside; diarrhoea and dysentery are prevented or checked if they already exist; the disease runs a milder course, and the patient does not lose flesh and strength so fast as they generally do under any other treatment. The last named result is its greatest advantage over any antiseptic treatment. The explanation is, that any antiseptic that is effective enough to prevent or materially retard fermentation and germ life will also prevent or generally retard digestion. Castor oil does not do this.

Up to the present time, I have treated thirty-two cases of typhoid fever with castor oil, and, except in a very few of these cases, in which I gave some other medicine to meet some special symptom, I gave nothing else. In order to be brief, I will report them collectively.

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Thirteen cases were treated with one dose every twenty-four hours, and ninteen cases with one dose every twelve hours.

Three of the thirteen cases which were treated with a dose every twenty-four hours had a temperature above 103° F., delirium and tympanites when the treatment was begun. These symptoms sudsided in from three to five days. The temperature came down below 102 1-2° F. in from two to five days; after that they ran the same mild course that the other ten did. With the exception of one case for one day, and of the three cases in the beginning of the treatment, as just mentioned, the entire thirteen cases had a temperature during their entire course ranging below 102 1-2° F. Except as mentioned, of the three cases, delirium nor tympanites never occurred. Their temperature reached normal in from fifteen to twenty-six days, and there did not occur a single complication. Of these thirteen cases, four had diarrhoea and one had dysentery when the treatment was begun. In each instance, these symptoms were entirely absent within four days. Afterwards they continued as the other cases, having one or two actions after each dose of oil.

Of the nineteen cases treated with a dose every twelve hours, there were six cases with delirium, tympanites and a temperature above 103° F. when the treatment was begun. In all of them, those symptoms subsided within three days; the temperature coming below 102° F. There were three other cases in which tympanites was prominent, in which it also subsided. After the third day of the treatment, excepting only in four instances, the temperature in the nineteen cases ranged below 102° F. throughout the entire course. It is to be understood that of the fourteen instances referred to, may be one, may be two, may be three, would occur in a single case. The temperature reached normal in from twelve to twenty-one days from the beginning of the attack. In calculating the duration of the disease, I have not taken the date of taking the bed as the first day of the illness, as is sometimes done, but, in each case, inquired carefully as to the first day of the malaise headache, etc., even when there was no knowledge of the fever, and calculated from that date. One of the nineteen cases should have special mention. After a mild course, the temperature reached normal on the nineteenth day of the illness, and on the twentieth day began to rise again, and ran another course of twenty-three days, in which the temperature went above 102° F. several different times. Free hemorrhages occurred on the thirty-first day of the illness, and tympanitis followed administration of opium and withdrawal of the oil. Tympanitis promptly subsided when the oil treatment was resumed. In this case the treatment seemed to fail, the duration of

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the disease and the hemorrhages considered. Six of these cases had diarrhoea when the treatment was begun, which invariably subsided in from one to three days. To sum up the nineteen cases, and leaving out the one specially mentioned, after the third day the temperature ranged below 102° F., tympanites and delirium were absent and the temperature reached normal in from twelve to twenty-one days from the beginning of the attack, making them all abortive or mild cases

It is true this is too small a number of cases to base positive conclusions on, but it is large enough to commend the treatment to us as worthy of further investigation.—Virginia Medical Semi-Monthly.

THE PREVENTIVE AND CURATIVE TREATMENT OF HAY FEVER.

It is difficult to conceive of a more miserable creature in all the world than the hay fever sufferer. The attack not only makes him exceedingly uncomfortable, but renders him unfit for business or the pleasures of society. Aside from the annoying and continual discharge from the nostrils, the eyes are suffused, the secretion of tears is increased, the nasal passages are obstructed, and an intense burning in the materia medica that has not enjoyed an evanescent reputation as a useful remedy in the treatment of hay fever. Until the discovery of Adrenalin, each had been as much of a disappointment as its predecessor and none had offered more than the merest temporary relief.

There is increasing evidence that Adrenalin fully meets the indications as a remedial agent in hay fever. It controls the nasal discharge, allays congestion of the mucous membranes, and in that manner reduces the swelling of the turbinal tissues. As the nasal obstruction disappears, natural breathing is materially aided and the ungovernable desire to sneeze is mitigated. In short, a season of comparative comsensation is experienced. The latter is not entirely limited to the mucous membranes, but not infrequently involves the cutaneous surfaces of the forehead, cheeks and nose. Violent attacks of sneezing occur, which are so prolonged, at times, as to completely exhaust the sufferer and bring on severe headache. The condition is one of utter wretchedness, and there is extreme malaise, amounting occasionally to complete prostration. The lightest duties become irksome tasks, and many an active industrious and useful member of society is completely incapaciated while "the season" lasts.

For years some convenient means of relief has been sought. Change of scene does very well for those, unfettered by business, who can afford to travel. But to very many worthy people a change of scene is

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out of the question. Naturally the greater number of the afflicted are accustomed to look to the medical profession for the help they need. But what has the medical profession actually accomplished for the permanent relief of the sufferer or the cure of his ailment? There is scarcely a sedative, astringent, tonic, nervine, or alterative drug fort takes the place of the former condition of distress and unrest. Adrenalin blanches the mucous membrane by vigorously contracting the capillaries, and thus reduces local turgescence. It strengthens the heart and overcomes the sense of malaise so frequently a prominent feature in cases of long standing.

In the treatment of hay fever the solution of adrenalin chloride should be used. This preparation is supplied in the strength of one part adrenalin chloride to one-thousand parts normal saline solution, and is preserved by the addition of 0.5 per cent. chlorentone. The 1-1000 solution should be diluted by the addition of four parts normal salt solution, and sprayed into the nares with a "Cocaine" atomizer. In the office, the 1-1000 solution may be applied in full strength. A small pledget of cotton is wrapped about the end of an applicator and moistened with a few drops of the solution (1-1000). The speculum is then introduced, the patient's head is tilted backward in a position most favorable for thorough illumination by the head-mirror, and the visible portions of the lower and middle turbinate bodies, and the septum, are carefully and thoroughly brushed. The same application is made to the other nostril, when usually relief follows, in a few moments. Should the benefit prove only partial, the 1-5000 solution may now be sprayed into both nares, and a few drops instilled into both eyes. The effect of this treatment may be expected to last for several hours. Indeed some physicians report that it is necessary to make but one thorough application daily to afford complete relief.

It is also recommended that solution adrenalin chloride be administered internally in five to ten drops, beginning ten days to two weeks prior to the expected attack. In explanation of the beneficial effect of the drug when used in this manner, the suggestion has been made that hay fever is essentially a neurosis, characterized by a local vasomotor paralysis, affecting the blood supply of the eyes, nose, face and pharynx, and occasionally of the laryngeal and bronchial mucous membranes. Adrenalin overcomes this condition, restores the normal balance in the local blood pressure, and thus aids in bringing about a cure. The profession is to be congratulated that it has at last an agent that, if not a specific, fulfills the therapeutic indications more completely and with greater satisfaction than any other remedial measure recorded in the history of medicine.

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Editorial.

JNO. C. LeGRANDE, M. D.,.....Editor and Prop.

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Medical Education in the South and Some of the Hindrances to Progress.

The Southern Medical College Association which was organized some years ago for the purpose of advancing the cause of medical education in the South is just now passing through a transitient period in its history and it is hard to pedict what will be the ultimate outcome. It is interesting to note the many changes which are being made from time to time in its organic law. At each annual session amendments to the constitution are adopted and efforts are being made to keep pace with the progress of medical education in the North and East.

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The objects of the Association, according to its constitution, are to cultivate closer and more intimate relations between Southern Medical Colleges; to discuss and perfect methods of teaching; and to elevate the standard of medical education by requiring a more thorough preliminary training and an increased length of time for medical study. The membership of the Association is composed of many of the leading medical colleges in the South and the Association has, we believe, accomplished much good, but it has failed in some particulars to meet all the demands of modern medical education It is a noteworthy fact that there are a number of colleges in the South, for reasons best known to themselves, who are not in affiliation with the Association and are free to do as they please. What will become of these independent schools and what standing they will have before the licensing boards is a problem which must soon be solved. The time is near at hand when all medical colleges, who desire to be considered reputable, must require a four years' course of six or seven months each in separate years and must be recognized as of good standing by the American College Association or the Southern College Association. The principal hindrance as we see it in the way of progress in medical education in the South is the sharp competition which necessarily exists on account of the multiplicity of colleges. There was a time when there were very few medical schools in the South, but now conditions have changed and we find one or more of these institutions in every city and even in some of the smaller towns. In the adjoining State of Tennessee there are nine medical colleges engaged in the work of adding to the already crowded ranks of the profession. The competition has become so great and at times so acrimonious that students are aware of the fact and expect and in many instances demand all sorts of inducements. They seek admission without proper educational qualifications and do not hesitate to ask for a reduction in the published rates of charges. The great difficulty seems to be that the southern colleges are poor and have no endowment. Most of them are proprietary schools and are dependent entirely for support and maintenance upon the tuition fees received from students. Without a full quota of matriculates many of these colleges would be forced to close their doors. For this reason the colleges have not and do not now live up to the letter and spirit of the constitution of the Association, and many flagrant violations have been noted from time to time. These violations, we learn, are chiefly with reference to the length of the course of study, giving advanced standing to those not entitled to it under the constitution, the attendance of two courses during the same calendar year, and admitting students at rates less than

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those published in the catalogue. On account of the many violations of the rules of the Association there has developed among students attending southern colleges such wide-spread demoralization that we understand some of the schools find it next to impossible to comply with the requirements as promulgated by the Southern Colleges Association.

We learn that at the last session of the Association a new rule was adopted with reference to the admission of beneficiary students, limiting the number to twelve for each school. This we believe to be a move in the right direction and we hope it will be strictly enforced by all the colleges. We even go farther and say that no beneficiaries ought to be admitted and no scholarships awarded unless properly endowed. We hear that one of the colleges in the Association, an institution which has always boasted of its large classes, contemplates withdrawing from the Association on account of the rule which limits the number of beneficiaries. This institution has taken the position that the Association was not organized for the purpose of regulating tuition fees and the enforcement of such a rule will interfere with their financial arrangements. It seems to us that the colleges should take a high stand in this matter of fees and adhere strictly to the published rates of charges. No young man who has not the means to take a four years' course should be encouraged to begin the study of medicine. He should be made to understand that a first-class medical education is expensive and that he should be possessed not only of the proper educational qualifications, but he should also have sufficient funds to meet his expenses. Unless the colleges pursue this course they will soon lose the respect of the profession and the public and the time will soon come when diplomas awarded by those institutions who disregard the requirements of the American and Southern College Associations will not be recognized and such colleges will not be considered reputable.

We desire to call the attention of the southern colleges to the following recent ordinances passed by the State Medical Association of Alabama at the last session in April. The State Board of Censors in commenting upon the necessity for these ordinances, says:

"The attention of County Boards of Examiners is called to an existing rule which requires that in order to be eligible for examination by a County Board of Examiners, an applicant must be a graduate of a reputable medical college. It is feared that this rule is sometimes violated by accepting a mere statement on the part of the applicant that he is a graduate when such in reality is not the case."

To prevent such violation the following ordinance was unanimously adopted:

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"That County Boards of Examiners shall in all cases demand the presentation of a diploma from a reputable medical college by an applicant before granting him an examination and that when a doubt exists as to the reputability of the college that granted the diploma presented, the Board shall refer the question to the State Board of Examiners for decision."

Upon the question of the reputability of medical colleges—by whom and how determined—the State Board of Censors says: "Believing it important to prescribe some standard by which the reputability of medical colleges is to be determined," the Board submits the following ordinance and recommends its adoption:

"That on and after the 1st day of July next, any medical college whose curriculum does not require attendance upon at least four (4) courses of instruction of not less than six months each, no two of which shall begin or end in the same calendar year or which is not recognized as of good standing by the American College Association or the Southern College Association, shall be deemed reputable by this body."

This ordinance was unanimously adopted and we call especial attention to it as we have reason to believe that many of the colleges in the South are openly violating the rules of both the American and Southern College Associations, and it is opportune time that the State Medical Association of Alabama, which has always advocated a high standard for admission to practice in the State, should establish some uniform standard. The tendency of the day on the part of the student, especially those who attend southern schools is to obtain a diploma in the shortest possible time and the temptation on the part of the colleges is great to disregard important rules.

The Place of Bacteriologic Diagnosis in Medicine.

On this important subject the Medical Review of Oct. 25th, contains the following editorial:

Aside from the ridicule of bacteriologic diagnosis which is probably due to ignorance and prejudice, fault is not infrequently found by clinicians who are neither ignorant nor prejudiced, but who have been grievously disappointed with bacteriologic methods.

This matter was discussed very sensibly before the British Medical Association by G. Sims Woodhead, professor of pathology in the University of Cambridge, (Brit. Med. Jour., Sept. 27, 1902). His remarks dealt particularly with diphtheria with which he has had a very considerable experience, extending over between two and three years, during which time he personally examined, or reviewed the examina-

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tions of 27,128 cultivations, of which number 24,933, taken from 12,172 patients, were tabulated. Of the 12,172 cases sent into the hospital to be treated for diphtheria, many of them being subjected to repeated bacteriologic examination, 8,937, or 74.42 per cent. were found to have diphtheria bacilli in the throat, whilst in 3,235 cases, or 26.58 per cent. no bacilli could be demonstrated.

On many occasions swabs taken from nurses who have been attending diphtheria cases, but appeared to be perfectly healthy themselves, were sent to him for examination, and because he reported that diphtheria bacilli were found in the swabs, sarcastic notes as to the value of the examination were poured in upon him. We know, however, that diphtheria bacilli may, under certain conditions, be present in apparently healthy throats, the individual never manifesting a trace of local diphtherial mischief, but we also know that, should the general health of that individual be impaired or run down, or should conditions favorable to the outbreak of an attack of catarrh be developed, an attack of diphtheria will supervene almost as certainly as night follows day.

Further, a number of the cases that came under his notice, in which the clinical history undoubtedly pointed to an attack of true diphtheria, but in which no diphtheria bacilli could be demonstrated, were those of children of tender years, from whom it appears to be an exceedingly difficult matter to obtain satisfactory swabs, especially where the disease is confined to the trachea. Even in patients of more mature years the membranes situated in this position are often inaccessible. One is not astonished, therefore, in such cases, to obtain negative results. Moreover, in a certain proportion of cases the diphtheria bacillus appears to maintain its position on the surface of the false membrane and in the mucus of the fauces for a comparatively short period, especially where certain other organisms are present in large numbers; in such cases one is unable to find the diphtheria bacillus in the cultivations.

Woodhead was often struck by the fact that the cultures taken from patients in extremis, or after death, where death has undoubtedly been due to diphtheria, gave no evidence of the presence of the diphtheria bacillus. Other organisms, often in very great numbers, were found, but as far as the diphtheria bacillus was concerned, search proved fruitless. The diphtheria bacillus after doing its work appears to have been ousted from its position on the surface of the mucous membrane by the numerous putrefactive and other organisms that, as death approaches, make their appearance in the mouth. In regard to such cases, especially in those that have been examined post mortem, Wood-

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head was frequently misled by this condition, which accounts for a certain proportion of the differences that have arisen between the clinical observer and the bacteriologist.

The necessity for repeated examination is shown by the fact that, although in a certain percentage of cases no diphtheria bacilli were found at the first examination, they were demonstrated at subsequent examinations in no fewer than 607 cases or 6.7 per cent. of the whole; whilst in sixty-six cases a negative bacteriologic diagnosis was not only preceded but followed by examinations in which the bacilli were present, and in 131 cases a positive diagnosis was preceded by, and then succeeded by, a negative diagnosis.

Woodhead observed that as the typical long form of the bacillus was departed from, the mortality gradually falls away. Where the long bacillus occurred the mortality was 21.4 per cent.; when the long form was mixed up with the short bacilli the mortality was 20.1 per cent.; with short and irregular forms 18.6 per cent., and with irregular forms only 14.6 per cent.

On a careful examination of the material collected from these examinations Woodhead is satisfied that if the conditions under which bacteriologic examinations are made and the limitations unavoidably associated with these conditions are borne in mind, the value of these examinations is as a rule under estimated rather than over estimated. He makes the oft-repeated plea that bacteriologists and clinicians work together and thus reduce the errors of diagnosis to a minimum.

Proprietary Preparations and the Medical Journals.

For the last few years, concurrently with the astounding multiplication of proprietary medicinal preparations, the feeling has been growing among the reputable medical journals that attempts were often made to "work" them in the interest of certain manufacturers and importers of such preparations, and at the present time one of the most difficult of the problems that confront the managers of medical journals is that of dealing with articles in which these products are more or less lauded. So great is the difficulty that the Lancett was recently moved to express itself in the following words: "Our experience proves that it is becoming almost impossible to admit articles in the columns of the Lancet from the pens of general practitioners and others dealing with the results of their therapeutical investigations into the value of new preparations, because all the favorable passages will at once be pounced upon by the enterprising purveyor, perhaps garbled, almost certainly dissociated from their context, and scattered broadcast over the land. We are thus, perhaps.

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prevented, and by the very people who would profit by the publicity, from putting before our readers papers the practical value of which may be great. The public, the medical profession, and the purveyors alike suffer. The only way to remedy the position is not a satisfactory one, but it is one to which we must have recourse." Quoting the foregoing words from the Lancet, one of our Philadelphia contemporaries, American Medicine remarks that the evil complained of is worse in our own country than in England. "It strikes us," says the Philadelphia Journal, "that the chief sufferer is the manufacturer of good products who will not push them by dishonest methods. It is true that the honest manufacturer can trust to the profession righting him in time, but some means should be devised to prevent the dishonest from reaping possible immediate benefits. Are conditions reaching such a state that because of the abuses by certain advertisers all mention of proprietary preparations must be interdicted by reputable medical journals?"

It will be seen that neither of our contemporaries is quite satisfied with the position taken, regarding it perhaps as of the nature of a modus vivendi. The condition certainly is anomalous. On the one hand, the journal that rigidly bars out all mention of proprietaries runs the risk of withholding from its readers certain therapeutical information that would be of real value to them; on the other hand, the journal that admits articles recording good results attained with any new preparation of the sort lays itself open to the suspicion of having been influenced by the proprietor of the preparation or of having been duped by one of the multitudinous members of the profession who furnish "write-ups" for a consideration. There are some proprietary preparations that seem to have "won their spurs," so to speak—that is to say, they have come into general use and met with general approval. It is almost impossible to conduct a medical journal in disregard of such products, and it may be seriously questioned if it is wise to attempt to do so. But there is no sharp line of distinction between these preparations and those that, although possibly meritorious, have not yet stood the test of time and experience required to establish their true status. It is both unfair and useless to set up an arbitrary standard by which one may determine a priori whether a new preparation is "ethical" or not. To range the "definite chemical compound" invariably with the sheep, and the "mere mixture" with the goats, for example, is illusory; the "mere mixture" figures too conspicuously in our official formularies to justify us in any other conclusion.

To guard its own reputation, the medical journal must either pur-

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sue the Lancet's implied policy, admitted to be unsatisfactory, or else settle the question for itself in each individual instance as it comes up, and do so on principles which it may find difficulty in elucidating to the satisfaction of everybody concerned. On one point, we think, every fair-minded journal will agree with us, and that is that never should an article be admitted with regard to which there is reasonable ground for suspecting collusion between the author and the proprietor of the preparation. We will go further and take the ground that whenever there is doubt on this point, the article had better be declined. At all events, our experience points in that direction; in a few instances, in common, we venture to say, with most of our contemporaries, we have regretted having given the author the benefit of the doubt, but we have never had occasion to regret the opposite decision. For a long time now, under proper circumstances, we have sent out printed "Hints to Contributors." One of the paragraphs of those hints reads as follows: "Manuscripts bearing the faintest semblance of having been prepared in the interest of any proprietary preparation, also those (whatever their intrinsic merits may be) that reach us through any trade channel, will invariably be declined. In case they are, by an oversight or on misinformation, accepted, their acceptance will be cancelled and their publication declined." Further than this it seems difficult to form any general rule, always excepting the plain but unsatisfactory one of rigid exclusion.

We have long felt that this whole question ought not to burden the journals solely or so predominantly as it does. It seems to us that the medical societies should bear their part of the onus. Far from doing so, they seem to have carried toleration to the point of dangerous laxity. Meetings of even the most dignified of our societies have at times not wholly escaped the suspicion of having been exploited by the touters for some medicinal or dietetic preparation, and it is certain that papers are often read before them which a reputable medical journal would hesitate to publish. The extreme censoriousness of twenty years ago appears to have given place to license, but it may not be too much to hope that the pendulum will ere long mark the happy medium.—Editorial in New York Medical Journal.

Then and Now.

It has been our custom to publish as far as possible all papers read before the Medical Association of the State of Alabama since this Journal was selected as the official organ of the Association, regardless of their publication in the transactions or in other medical Journals, and our course has been approved. We are, however, a little

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surprised to note objection in the last month's issue of our worthy contemporary, the Mobile Medical and Surgical Journal. The editor makes the following criticism of our course:

"It may be urged that the Alabama Journal is the official organ of the Medical Association of the State of Alabama, and as these papers were read before the Association at its last meeting, the editor of said Journal was entitled to publish them. We deny the validity of such an argument since no provision has ever been made by the Association whereby its official organ has been invested with such a privilege."

It is not our purpose to argue the merits of the question, but we would like to be informed as to just what the gentleman (the editor of the Mobile Medical and Surgical Journal), had in mind when he introduced the resolution four or five years ago making this Journal the official organ of the State Medical Association after he had been a reader of this Journal for eight or nine years and must have been fully acquainted with the course and policy of the Journal.

The Maltine Company's Prize.

The two prizes of a thousand dollars and five hundred dollars which this company offered last January for the best essays on "Preventive Medicine" have been awarded by the judges, Dr. Lewis, of New York, Dr. Reed, of Cincinnati, and Dr. Rhodes, of Chicago, who met for a final consultation in Buffalo.

Two hundred and nine essays were submitted in competition, and although nearly every State in the Union was represented in the contest both prizes were won by Philadelphia men.

The thousand dollar prize was awarded to Dr. W. Wayne Babcock, 3302 North Broad Street, Philadelphia. His essay is entitled "The General Principles of Preventive Medicine," and was submitted under the nom-de-plume "Alexine."

The five hundred dollar prize was awarded to Dr. Lewis S. Somers, 3554 North Broad Street, Philadelphia. His essay is entitled "The Medical Inspection of Schools—a Problem in Preventive Medicine," and was submitted under the nom-de-plume "Broad."

The two successful essays will first be published in representative medical journals, and then in permanent form for gratuitous distribution to the profession at large.

The following tabulation will undoubtedly prove of interest. It

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shows how the various sections of the country were represented in the competition:

Alaska	1	Montana	2
Arkansas	1	Nebraska	2
California	6	New Hampshire	1
Colorado	4	New Jersey	4
Connecticut	5	New York	22
District of Columbia	3	North Carolina	1
Florida	5	Ohio	11
Georgia	5	Oregon	1
Illinois	15	Pennsylvania	25
Indiana	11	Rhode Island	1
Iowa	8	South Carolina	2
Kansas	2	Tennessee	1
Kentucky	3	Texas	2
Louisiana	2	Vermont	1
Maine	4	Virginia	1
Maryland	2	Washington	3
Massachusetts	12	West Virginia	2
Michigan	7	Wisconsin	10
Minnesota	7	Ontario	2
Mississippi	1	New Brunswick	1
Missouri	5	Unidentified	5
	209		

The following is the report of the committee:

Buffalo, Oct. 18, 1902.

To the Maltine Company, New York:

Gentlemen: Your committee selected to award the two prizes offered by your firm for essays on Protective Medicine, or some subject connected therewith, begs leave to report that the large number offered in the competition (being two hundred and nine in all), and the general high grade of their excellence, has made the matter of selection very difficult. After critical examination and mature deliberation, however, your committee has awarded:

The first prize to the essay entitled "The General Principles of Preventive Medicine," signed "Alexine."

The second prize to the essay entitled "The Medical Inspection of Schools, a Problem in Preventive Medicine," signed "Broad."

In submitting this report the committee congratulates you upon the wide spread interest which you have aroused in the very important subject of Preventive Medicine, and it congratulates the medical pro-

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fession and the public upon the great good that will follow the publication of the valuable addition to literature thus evoked by your enterprise.

Respectfully submitted,

John Edwin Rhodes,
Daniel Lewis,
Charles A. L. Reed,
Committee.

In Memoriam.

The committee appointed by the Conecuh County Medical Society to prepare a memorial on the death of Dr. Charles T. Taliaferro, report the following preamble and resolutions:

Whereas, The great Dispenser has removed from the scenes of his earthly labors, and usefulness a member of this Society, and our co-laborer; therefore, be it

Resolved, first, That we bear grateful testimony to the interest he manifested in the prosperity of our Society, though engaged in the business of Pharmacy, he having retired from the practice of medicine.

Second, That we acknowledge our indebtedness to him for his co-operation, and judicious counsels in the fulfillment of our mission, as an organized County Medical Society of the State.

Third, That his life and character being entitled to our highest admiration, we will cherish an affectionate remembrance of his remarkable kind and attractive qualities of mind and heart, he having been a conscientious physician, a scrupulous man of business, a patriotic citizen, exhibiting an amiable, benevolent heart, inflexible integrity, and unvarying devotion to duty, rendering himself everywhere beloved and esteemed.

Fourth, That we deeply sympathize with the bereaved family, and feel the consciousness of a great loss sustained.

Fifth, That in token of our sorrow and condolence with the family of the deceased, a copy of these proceedings be sent to them, also that the above preamble and resolutions be published in our local newspapers, and the Alabama and Mobile Medical Journals.

A. A. McKittrick,
Andrew Jay,
W. F. Betts,
Committee.

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BACCELLI ON MALARIA WITHOUT HEMATOZOA TO BE FOUND IN THE BLOOD

In a recent address Baccelli observed that the theory in regard to mechanical injury caused by malaria germs is untenable. Severe malarial fevers frequently occur in which it is impossible to discover the hematozoa in the blood in the first few days. In other cases they appear, but in such scanty numbers that there can be no connection between the quantity of the germs and the severity of the symptoms. The parasites may also exist in the blood in large numbers, but if they have not attained the phase of sporulation or segmentation they are not febrogenic per se. One can die of malarial infection without the familiar forms of the hematozoon being found in the blood. He knew a young privat docent who was working in a laboratory with several professors whose names are famous. The young man was seized with a subcontinuous fever, but as his blood was constantly free from any trace of hematozoa the hyperscientific professors attributed his illness to anything rather than to malaria and he was progressing from bad to worse until an outside friend insisted on his taking quinin and he was promptly restored to health. Golgi denied the possibility of such cases, but Baccelli succeeded in convincing him by numerous examples that patients will die of malaria, with no hematozoa in the blood, if they are not given quinin. Golgi in a recent letter confessed that the "clinic had conquered the theorist." The clinicians of today cannot be made to believe that malaria is contracted exclusively from mosquito bites, Baccelli observes. Both he at Rome and Gerhardt at Berlin have reproduced malaria in a healthy subject by inoculating him with blood from a malarial patient, even to the special types of the malarial fever. Mosquitoes had nothing to do with these experiments. The intravenous application of quinin is now in current use in Italy. Baccelli reported in 1900 30 cases of pernicious malaria all cured by this means. Five died out of sixteen treated by subcutaneous injection of the quinin.—Journal American Medical Association.

A DISCLAIMER BY DR. WYETH.

Dr. John A. Wyeth, of this city, writes: "A report has been widely disseminated through the secular press that I made a statement to some newspaper reporters that Professor William H. Welch had claimed the discovery of a universal virus or remedy which would immunize the human race from all forms of infection. No such claim was made by Professor Welch, nor has such statement been authorized by me."—Ex.

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Miscellaneous Notes.

NEW ORLEANS POLYCLINIC

Sixteenth annual session opens November 3, 1902, and closes May 30, 1903. Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery. The specialties are fully taught, including laboratory work. For further information, address New Orleans Polyclinic, Post-office box 797, New Orleans, La.

It is stated that it is a common custom in Java to overcome insomnia by pressure on the carotid artery. Not only is this practiced in Java, but it is a common practice in India, and it will be remembered that Rudyard Kipling's Kim was put to sleep in this way. The carotid is said to have been known to the ancients as the "arteria soporifera," while in Russia it is called the artery of sleep.—The Chicago Clinic.

The Southern Surgical and Gynecological Association convenes in the city of Cincinnati today, Nov. 11th, and will be in session three days. Our fellow townsman, Dr. W. E. B. Davis is President of the session. The program has been sent out, which includes thirty-six papers by the leading gynecologists of the country. The meeting promises to be one of unusual interest. We will have more to say of this meeting in a future issue of the Journal.

Prof. Hobart A. Hare in his recent text book on Therapeutics, says: "If a census could be taken of those who die from the use of impure or weak drugs the figures would be appalling." This statement clearly emphasizes the advisability of using remedies manufactured by reliable firms and not substitutes. For eighteen years Micajah's Medicated Uterine Wafers have stood the test as a satisfactory treatment in diseases of women, such as Leucorrhea, Endometritis, Vaginitis, Gonorrhea, etc., and if your patient does not experience the usual good results from a supposed Micajah Wafer she is in all probability using a substitute and not the genuine article.

The Tri-State Medical Society of Alabama, Georgia and Tennessee met in Birmingham, October 7, 8 and 9. There were about one hundred and fifty members present. The papers were numerous and meritorious, and were freely discussed.

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The Atlanta members who attended the meeting were enthusiastic in their praise of the cordial welcome and pleasant treatment accorded them by the profession at Birmingham. Much of the success of the social side of the gathering was due to the efforts of Dr. Geo. Stubbs, well remembered as a former resident of Atlanta, and of Dr. R. C. Bankston. The officers elected for the ensuing year are: Dr. Michael Hoke, of Atlanta, President; Dr. Lewis C. Morris, of Birmingham, First Vice-President; Dr. W. L. Nolan, of Chattanooga, Second Vice-President; Dr. Pete, of Georgia, Third Vice-President. The next meeting will be held at Atlanta, October, 1903, when we hope to have the opportunity of entertaining the society in a manner befitting.—Atlanta Journal-Record of Medicine.

Australians hold the world's record as tea drinkers, consuming 7 1-2 pounds a head yearly. New Zealanders drink 7 1-4 pounds.

The Ninth International Congress against the abuse of alcohol will be held at Brussels, April 14 to 19, 1903. For particulars address Dr. Delbrueck, 127 Humboldtsstrasse, Bremen.

A woman, sixty-five years old, recently gave birth in a New Jersey town, to a healthy girl. The woman's husband is seventy years old, though both are said to be young for their years, and the couple had passed forty years in childless wedlock.

There are about 2,500 hospitals and asylums in the United States These give employment to 65,000 people and pay over $23,000,000 in salaries. They have 300,000 beds, are attended by 37,000 physicians, and treat over 1,000,000 patients during the year.

A scientist recently converted a certain quantity of liquid air into a small solid mass and on examining it found that it was as transparent as clear ice and as elastic as rubber. To test its elasticity he struck it with a hammer and the latter immediately rebounded.

Portes and Desmoulieres have succeeded in isolating crystalized salicylic acid from strawberries. The Gaz. Med. Belge of March 13th, mentions this curious fact, and observes that it is important in the study of adulterating substances in preserves, syrups, etc., containing strawberries.

It is stated that Dr. Frederick G. Novy, of the Medical Department of the University of Michigan, will go to India, at the request of the British Government, where experiments will be made with his new intestinal antiseptic, benzoyl-acetyl-peroxid (acetozone), in the treatment of cholera and plague.

Sidney Phillips, Lancet, Feb. 22, 1902, reports ten cases of epistaxis occurring in children suffering with rheumatism. Of the cases cited

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eight were girls. In the majority of cases relief was sought for the epistaxis, the evidences of rheumatism having been overlooked or ignored. In every case the administration of salicylates effected a cure

According to official figures the city has a decided advantage over the rural districts in the matter of human longevity. The average age reached in the city is 38.2 years and in the country 31.1. There the urban has an advantage of 7.1 years over the suburban. The advantage of pure air in the country is apparently more than offset by sanitary and food advantages in the city.

Wiesbaden, brought into prominence by the German Medical Congress holding its recent annual meeting there, presents conditions worthy of imitation. The streets, which are all asphalted or paved with wood, are well flushed with water and swept after midnight, and by this means dirt and refuse are effectually prevented and in consequence the buildings retain their snow-white appearance, the air its purity, and the foliage of the trees its freshness.

When a steam bath is indicated in country practice it is easily and satisfactorily given, says the Medical Summary, by boiling a dozen or more ears of corn, taking them from the water while boiling, wrapping in cloths moistened in hot water and packing them as close to the patient as possible. Keep him closely covered, and a few moments will bring the most profuse perspiration you ever saw.—The above items from the New York Medical Times.

The third annual meeting of the American Roentgen Ray Society will be held in Chicago Dec. 10th and 11th. The sessions of the Society, as well as the exhibits, will be held in the Sherman House, Randolph and Clark Streets.

The rapid evolution in Roentgen Ray therapy, as well as the technical improvements in apparatus within the past year, make this meeting of unusual interest and importance.

After the travail of its birth and hardships of its infancy, the Society is surely establishing itself on a sound ethical basis and has every prospect of a useful and prosperous future.

The local committee of arrangements, with Dr. Ralph R. Campbell as Chairman, is made up of some of Chicago's foremost and best-known men, whose names are a guarantee of the sound basis on which this meeting will be held.

Owing to the fact that papers which are to be read at this meeting have to be submitted to the Executive Committee for endorsement before being placed on the program, it is found impossible this year to issue a preliminary program, but assurance is given that the names

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which will appear on the program are of the best X-ray workers in the country and that the matter will be unexceptionable.

It is earnestly urged that those who recognize the importance of the X-ray, for both diagnostic and therapeutic purposes, will contribute to the success of the meeting by their presence.

A one and one-third rate fare has already been granted by the Central Passenger Association, the Eastern Passenger Association, the Western Association, and the Southern Passenger Association, provided that 100 persons buy tickets on this plan. Many more than this number are expected. A charge of twenty-five cents will be made for viseing certificates by the railroad representative.

Owing to the very full program of about twenty excellent papers which have been secured, the convention will be called to order promptly at 9:30 a. m., Dec. 10th.

Engage your room in advance, so that all can be together at the Sherman House, if possible.

Ask the agent at starting point for a standard certificate, not simply a receipt; this certificate, when properly certified at Chicago, will secure a non-transferable return ticket for a one-third fare.

James B. Bullitt, Secretary.

Western A. Price, Chairman Executive Committee.

TREATMENT OF ACCIDENTS UNDER CHLOROFORM.

In the course of an editorial on this subject the Medical Press of Sept. 3, 1901, says that the indications for treating such accidents are three fold—to remove the anesthetic-laden air from the lungs, to encourage the flow of blood to the nerve centers, and to stimulate the circulation and respiration. The various methods which are used to attain these ends Mr. Wilson groups into five classes: (1) External reflex respiratory stimulants; (2) direct mechanical or electrical stimulation of the heart; (3) the mechanical performance of natural functions such as artificial respiration; (4) mechanical measures designed to counteract the effects of the failure of the circulation by raising the general blood-pressure; (5) drugs administered to stimulate the depressed nerve centers. Of the first group, the best that can be said is that they do no harm unless persevered in to the detriment of more important measures, and of the second, that they are either impracticable or positively harmful. Faradic stimulation of the precordial area, if any of the current reaches the heart, probably inhibits its action. Acupuncture of the heart is equally useless, and direct manipulation of the heart, after opening the heart-chest, is a remedy which requires more evidence of its utility before it can be recommended.

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Mr. Wilson believes that as good, if not better, results can be obtained by intermittent pressure on the chest wall, accompanied by alternately raising and lowering the patient so as to empty and fill the heart. The difficult question has first to be decided whether the circulatory failure is the result of paralytic dilatation of the heart, or of paralysis of the vasomotor mechanism.

The methods of treatment suitable for each of these cases are absolutely antagonistic, and it is by no means easy to say which is the cause in any given case. It would appear that sudden failure of the circulation, accompanied by pallor of the face and accelerated or gasping respirations, denotes vasomotor paralysis and requires inversion of the patient, with pressure on the abdomen. On the other hand, if the dangerous symptoms are preceded by struggling, and the face is suffused with signs of venous engorgement, the patient should be alternately raised to nearly the vertical position in order to empty the heart, and then returned to the horizontal position. Artificial respiration should be systematically persevered in each case. If there is actual failure of the circulation little that is useful can be done by efforts to raise the blood-pressure by such means as transfusion, etc. The same objection also applies to the use of drugs. Where there is failure of the respiration or circulation the difficulty is to get the drug to the nerve center which it is to stimulate. In those cases in which this can be effected hypodermic injections of strychnine and the extract of suprarenal capsule, with inhalation of ether, are probably the most useful.—The Therapeutic Gazette.

THE NEGRO AS AN INDUSTRIAL INSURANCE RISK.

The Spectator for Sept. 11 and 18, 1902, contains an article by Frederick L. Hoffman, statistician of the Prudential Insurance Company of America, with the above title. The article renders it evident that legislation requiring equal premium rates for whites and blacks is unjust; only less unjust than would be a law requiring no discrimination in rates on account of difference in age. Massachusetts, Connecticut, Ohio, New York, Michigan, New Jersey and Minnesota now have such laws. Sentiment and political exigencies apart, the whole question evidently comes down to this: Do whites and blacks, as a matter of fact, exhibit, at equal ages, a difference in longevity? The author shows from the figures of the Census of 1900 that in the "registration area" (States and cities which register accurate statistics) the difference in mortality is marked. Thus, assuming the mortality for the whites as unity, and combining his first two tables, we get the following ratios for the mortality of the negro:

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Ages.	Males.	Females.
0— 4	2.35	2.44
5—14	2.19	2.55
15—24	2.77	2.57
25—34	2.02	1.93
35—44	1.79	2.02
45—64	1.64	1.77
65	1.32	1.22

A second interesting comparison is that by diseases, which, the same plan being used, yields the following ratios:

Malarial fevers	9.72
Typhoid	2.08
Influenza	1.36
Diarrhoeal disease	1.65
Consumption	2.80
Pneumonia	1.92
Nervous diseases	1.44
Heart disease and dropsy	1.61
Urinary disease	1.58
Cancer, tumor	0.72
Liver disease	0.92

If these were not the Census figures over a wide area, one might wonder at the first item. Certainly it reverses former ideas, that the negro was less susceptible to malarial disease. All this shows the inutility of such legislation as that of which Mr. Hoffman complains. It does more—it shows its futility, for naturally the life insurance companies simply cease to bid for such risks. This settles the evil partially, at any rate, as far as the companies are concerned, but it practically leaves the negro out of the manifold benefits offered today by life insurance. But then, this is the age of sentimental legislation.

THE SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION.

The sixteenth annual session adjourned yesterday, Nov. 13th, after a very interesting and profitable meeting. Dr. J. W. Bovee, of Washington City, was elected president for the ensuing year. The next meeting will be held in the city of Birmingham, Tuesday, Wednesday and Thursday, just before the Christmas holidays.

Dr. J. D. S. Davis was selected as Chairman of Committee of Arrangements. Drs. W. P. McAdory, L. C. Morris and W. M.

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Jordan, all of Birmingham, were elected members of the Association. Dr. Mack Rogers, of this city, read a very interesting paper on "Stone in the Kidney."

The Association appropriated $2,000 to be used in building a ward in a charity hospital in the city of Birmingham. This was done out of consideration of the fact that the Association was organized in this city, and that Dr. W. E. B. Davis, of Birmingham, had served the Association for a number of years as secretary without compensation.

The local physicians who attended the meeting are lavish in their praise of the hospitality shown them by the physicians of the Queen City of the West.

THE NECESSITY FOR EXHAUSTIVE PHYSICAL EXAMINATIONS.

The majority of the cases met with in hospitals and institutions devoted to the treatment of all pathological conditions, both acute and chronic, have been, and probably always will be, those which have been treated by almost every known form of treatment, scientific and empirical, before entering the institutions. These patients, as a rule, have tried many original treatments, advised by able practitioners and surgeons, and not infrequently I find that they have exhausted the whole list of isms, pathies, specialists, etc. We notice the favorable and unfavorable effect of these varied experiences on our patients. The unfavorable effect is usually experienced by the patient in the event of his having encountered dishonest, incompetent, and temporary symptom-relieving individuals. Whether the effect of our patient's experiences with ourselves is favorable or unfavorable, depends not only upon the real merits of our treatment, but also upon our methods of diagnosis and prognosis.

With the ideas gleaned from these various services such patients become conversant with many interpretations of their symptoms. They are cognizant of the superficial methods which have been produced by some of the physicians or specialists whom they have met, and they thus become appreciative of the thoroughness of that diagnostician whose conscientiousness and ability permit him to find, so far as possible, the condition of every organ and function in the body. Therefore, if we make an exhaustive and intelligent functional examination as well as a subjective investigation, we are frequently greatly helped by the previous experiences of our patient. Nothing inspires a patient with confidence so much as honest thoroughness and intelligence on the part of the practitioner.

The most successful physician is the one who has the ability to demonstrate to every patient coming under his care the fact that he investigates the structural functional condition of every organ and

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tissue in the patient's anatomy, and if he does not understand his findings, will candidly say so, and explain the obscure character of the objective and subjective symptoms. The functional examination which enables you to start treatment properly must be frequently repeated in order that you may understand it correctly. Furthermore, if you do not repeat your examination, the patient will, although he may be convinced that you are capable, also believe that you are very negligent and not properly interested in his case. It is true that the diagnosis consists of much more than a mere naming of the disease. Physicians are especially liable to be incomplete in their examination when the symptoms of a certain disease predominate; also when they have at hand a remedy such as bovinine, which has an unlimited field of usefulness. Admitting that the bovinine will at least benefit or cure many chronic diseases, in which all other forms of scientific treatment have failed the tendency grows on many of the profession to relax their diagnostic vigilance, and place too much responsibility upon the shoulders of the most useful of all remedies which medical science has brought to a perfect state.

Physicians who have practiced in large hospitals, institutions, or clinics, are confronted with cases referred by able practitioners, which have been improperly examined. Not because the physician in many cases did not know, but because he did not carefully study his case. Every case that comes under the physician's care is worth looking at and looking at well. No physician should be too busy to make a thorough examination of his cases. If individually he has not the time, a competent assistant had better be employed so that he might refer the surplus to him. In doing this he can be honest to himself and patient. In this advanced age, with all the great methods and means at our disposal, there is absolutely no excuse for careless and lazy diagnosticians. The absurd term "a natural born physician" is a relic of the dark ages, and treatment by intuition and imagination are absurd, and about as useful in diagnosis as the absent treatment in therapeutics. The doctor using bovinine, or indeed the doctor using any other medication, will get the best results who spends the time necessary to make a complete functional exploration, and uses the methods for investigation of substances taken from the body which have been furnished him by advanced medical research. The most common error with a good many physicians is that they treat the disease without treating the patient. In instances where there is a severe ulceration of the leg, it of course requires local dressings, and in a case of this kind so many physicians stop here. They do not look at the patient's general condition, which requires just as much attention as the dressing of the sore. Often it is a constitutional condition which produces the local condition.—T. J. Biggs, M,D., in Gaillard's Medical Journal.

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Abstracts.

State Board of Medical Examiners.

The Journal of the American Medical Association has the following to say in regard to the questions in pathology given out by the Board of Medical Examiners for the State of California:

UNFAIR TESTS.

"It is a pity that a good law should ever be enforced in such a way as to do injustice, but that sometimes happens. Apparently a case of this kind is made against the California State Examining Board by the Pacific Medical Journal. It criticises especially the questions on pathology, taking exceptions to those asking a definition of cryoscopy and for the characteristic lesions of Hanot's cirrhosis. Neither of these questions is exactly fair as testing a practitioner's qualifications. Cryoscopy is a word not found in quite recent medical literature, and Hanot's cirrhosis is a name only occasionally applied to hypertrophic cirrhosis of the liver. In neither case could it be fairly expected that any but one constantly posted in the most recent periodical literature would be able readily to answer these questions, and any one rejected for failure to do so would justly have a grievance. If, as our contemporary claims, some were rejected for such failure, the decision ought to be revised. If, moreover, all failed on these particular questions except a few special students of one school, as our contemporary says was the case, it has a worse appearance. It is unfortunate that the examination is open to this particular criticism, as, from the published questions, in all other respects it seemed to have been eminently fair. Such unfortunate occurrences furnish weapons for those who would abolish State practice acts and go back to the evils that have existed. Our medical examining boards ought to have a specially critical eye on themselves and forestall all such possibilities."—Pacific Journal.

Blood Poisons.

The various drugs which have a deleterious effect upon the blood may be conveniently divided into six classes. The first comprises the agglutinins, which act by changing the physical conditions of the red blood-cells so that they adhere to each other and thus occlude the vessels; ricin and abrin are the two best known examples. Haemolysins

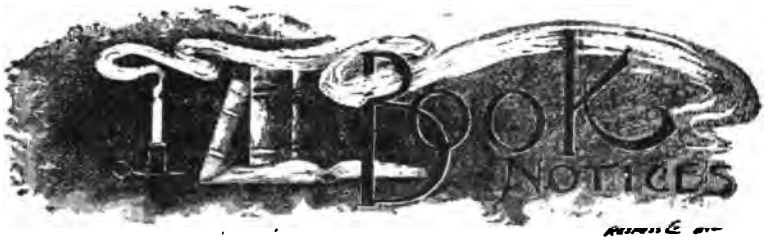
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form the second group; these dissolve out the haemoglobin which deposits in the liver and kidneys, while the stromata of the cells form multiple capillary emboli; arsenureted hydrogen, phallin, helvellic and quillajic acids, senegin, sapotoxin, and solanin belong to this group. Potassium chlorate, pyrogallic acid, and chrysarobin constitute the third class, which is characterized by the formation of methaemoglobin. Hydrocyanic acid and carbon monoxide belong to the fourth, in which special haemoglobin compounds are formed. Fifteen metals are capable of entering into union with haemoglobin, thus giving rise to the fifth group, while the sixth is made up of substances such as phenylhydrazin and aniline, which are capable of producing partial necrosis of the erythrocytes. The effects of the metals on the blood studied as revealed by the microscope. Granular degeneration of the red cells was present to a marked degree in all animals, and in those with nucleated red cells it could be seen that the process was really a disintegration of the nucleus within the cell or after extrusion. In mammals, however, normoblasts seemed to play no part in the process. It is probable that the granules represent metallic haemoglobin compounds. A. Keil (Archives Internationale de Pharmacie et de Therapie, vol. x, p. 121, 1902; American Journal of the Medical Sciences, September, 1902).

Cocaine as a Thermogenic.

The rise of temperature caused by cocaine is due to an increase of heat-production, and the latter depends upon two actions: one, of the cortex, causing motor excitement, and the other upon the caudate thermogenic center, by which heat is produced independently of motor activity. Cocaine possesses very little power as a thermogenic in animals lightly curarized, because of both the motor quietude and the depression of some other portion of the thermogenic apparatus. It is absolutely without thermogenic power in animals in which the pathways of thermogenic and cortico-spinal motor fibers have been cut, as after section of the spinal cord at its junction with the bulb and of the crura cerebri. Cocaine is effective as a thermogenic when only a small portion of the caudate center is left intact with the parts below. Cocaine and morphine are direct antagonists in their actions upon the caudate and cortical centers which are directly or indirectly involved in the changes of temperature and heat-production. E. T. Reichert (Philadelphia Medical Journal, Aug. 2, 1902).

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THE AMERICAN TEXT-BOOK OF OBSTETRICS.

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By reason of the extensive additions the new edition has been presented in two volumes, in order to facilitate ease in handling. The success primarily achieved unquestionably awaits this present edition, as we know of no more commendable work on the subject.

DISEASES OF THE PANCREAS.

DISEASES OF THE PANCREAS AND THEIR SURGICAL TREATMENT. By A. W. Mayo Robson, F. R. C. S., Senior Surgeon, Leeds General Infirmary; Emeritus Professor of Surgery, Yorkshire College, Victoria University, England; and B. G. A. Moynihan, M. S. (Loud.), F. R. C. S., Assistant Surgeon, Leeds General Infirmary; Consulting Surgeon to the Skipton and to the Mirifield Memorial Hospitals, England. Handsome octavo volume of 293 pages, illustrated. Philadelphia and London: W. B. Saunders & Co., 1902, Cloth, $3.00 net.

This work, dealing with the surgical aspect of pancreatic disease, has been written with a two-fold object: to record and to review the work done in the past, andto indicate, so far as possible, the scope and trend of future research. We can state freely and unreservedly that the objects aimed for could not have been better accomplished. It is only within recent years that any material progress in regards to our knowledge of the functions and diseases of the pancreas has been made, and a work like the present volume, the combined efforts of two such distinguished surgeons, will most certainly be welcomed by the profession.

The work is an excellent one, and besides containing a very commendable exposition of the various diseases and injuries of the pancreas, it includes an accurate account of the anatomy, abnormalities, development, and structure of the gland. We endorse the work most heartily, and believe every physician and surgeon will find its perusal of unusual advantage.

We acknowledge the following invitation:

The Editorial Staff of The New York Medical Critic requests the honor of your presence at a complimentary dinner to be given to Dr. Sturgis, the Editor of the Journal, on the evening of November fifteenth, 1902, at the Waldorf-Astoria. Dinner will be served at eight o'clock. Marten W. Curran, Chairman.

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